

Membership Form To the World Union of Olympic Cities

The City of : _____

Represented by : _____

wishes to join the association as an Active member.

In order to provide you with the best possible service and get in contact with you,
please complete the form below.

Mayor's Last Name: _____

Mayor's First Name: _____

Business Address: _____

Postal Code: _____

City: _____

Country: _____

Telephone: _____

Email: _____

Website: _____



In order to ensure a successful collaboration, we would be grateful if you could provide us with the following details of a contact person in your team.

First Name: _____

Last Name: _____

Business Address _____

Postal Code: _____

City: _____

Country: _____

Telephone: _____

Email: _____

Website: _____

Please note that all membership requests are reviewed by the Executive Committee. The city accepts to uphold its rights and obligations as per the statutes and decisions of the General Assembly.

Date: _____ Signature: _____

The World Union of Olympic Cities, Lausanne 2024

Please return to :

World Union of Olympic Cities
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City of Lausanne
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