Smart and Sustainable Action Association Membership Application



Contact information

1. Your Organization

Please provide the following information about your organization.

| Organization name | |
|------------------------|-------------------|
| Street Address | |
| City | State |
| Zip Code | County |
| Phone | Phone (secondary) |
| Primary Email | |
| Website | |
| Population (municipal) | |
| Municipal Budget | |
| (US dollars)/year | |

2. Leader Information

Please provide the following information for the mayor or head of your organization or authority.

| First name | |
|-------------------------|-------------------|
| Last Name | |
| Title (e.g. Dr.) | |
| Department | |
| Function (e.g. Mayor) | |
| | |
| Street Address | |
| City | State |
| Postal Code of the city | Country |
| Phone (Mayor's Office) | Phone (secondary) |
| Email (Mayor's Office) | |
| Date Last Elected | |
| Length of term | |

3. SaSAA Coordinator / Point of Contact

Please identify the primary point of contact between SaSAA and your organization.

| First name | | |
|-------------------------|-------------------|--|
| Last name | | |
| Title (e.g. Dr.) | | |
| Department | | |
| Function | | |
| Street Address | | |
| City | Province/State | |
| Postal Code of the city | Country | |
| Phone | Phone (secondary) | |
| Email | | |

4. Sustainability and/or Environmental Contact(s)

Please provide contact details for the key sustainability and/or environmental persons in your organization. More than one person may be identified.

| First name | |
|------------------|-------------------|
| Last name | |
| Title (e.g. Dr.) | |
| Department | |
| Function | |
| Street Address | |
| City | State |
| Zip Code | Country |
| Phone | Phone (secondary) |
| Email | |

| First name | |
|------------------|-------------------|
| Last name | |
| Title (e.g. Dr.) | |
| Department | |
| Function | |
| Street Address | |
| City | State |
| Zip Code | Country |
| Phone | Phone (secondary) |
| Fmail | |

| First name | |
|------------------|-------------------|
| Last name | |
| Title (e.g. Dr.) | |
| Department | |
| Function | |
| Street Address | |
| City | State |
| Zip Code | Country |
| Phone | Phone (secondary) |
| Email | |

| First name | |
|------------------|-------------------|
| Last name | |
| Title (e.g. Dr.) | |
| Department | |
| Function | |
| Street Address | |
| City | State |
| Zip Code | Country |
| Phone | Phone (secondary) |
| Email | |

5. Form Contact

Please provide the contact details for the person completing this form (if different from any above).

| Name of Person | |
|----------------------|-------------------|
| Completing this form | |
| Phone | Phone (secondary) |
| Email | |

Additional Information

1. Your other memberships

Please list any other associations or professional affiliations to which your organization is a member.

2. Your SaSAA Expectations

What are your expectations with respect to your organization joining SaSAA?

3. Your Staffing and Resourcing

What staffing and resourcing do you currently have with respect to handling environmental and/or sustainability issues within your organization?

4. Your Environmental and/or Sustainability Needs

What are your most pressing needs with respect to the environment and/or sustainability?

5. Your sustainable development and environmental reporting

Please list the key reports or disclosures you issue on a regular basis with respect to the environment and/or sustainability.

6. Your need for Environmental or Sustainability expertise

Have you had situations where having an on-call environmental or sustainability expert could have assisted you in your decision making process? If so, please elaborate.

7. Program feedback

Are you willing to provide feedback on the respective SaSAA program of activity that you are participating in?

On behalf of the aforementioned organization, I hereby submit this application to become a SaSAA Member.

Name: Title: Date: