**PARTICIPATION FORM**

**in a regional media network in the field of labor**

**I Basic data:**

Name of the media organization, media and / or journalist:

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|  |

Address / municipality:

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|  |

Contact information (phone, e-mail address, Website

|  |
| --- |
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**II Membership criteria:**

**Statements of interest and support**

The organization, media or journalist expresses interest in participating in the network.

The organization, media or journalist does not implement or support activities that promote and incite hate speech, discrimination of any kind and corruption.

**Areas**

The organization, the media or the journalist actively works, focusing on the following areas: (areas of action).

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**Representatives of your media organization / media / journalist online**

**Representative in the network**

Name and surname:

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| --- |
|  |

Function / position:

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Phone:

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E-mail:

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| --- |
|  |

**Authorized person**

Name and surname

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|  |

 Function

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Signature and stamp