

**Eastern Mediterranean Landscape Observatory  
Membership Form: Institution**

**General Information**

Full name of institution

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Registered in which country

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Year of foundation

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Address

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Mailing Address (if different)

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**Contact Information**

Tel

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Fax

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Email

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Website

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Contact Person

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Title

Dr.  Mr.  Mrs.  Ms.  Professor  Other

**Role of Institution**

Level of Activity

Local  National  International

Mission Statement

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*Signature*

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*Date*

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