

## AMI Participation Form

With the present form, the submitting Organisation defines, by the undersigned Official, its designated representative that is responsible for validating the applications for AMI access on behalf of this Organisation (AMI Operational Manager)

<b>Organisation</b> (e.g. International Organisation, NGO)

<b>Organisation's Representative in AMI</b> (Official signing the present form) The Official indicated here will get the General Manager role in AMI on behalf of the referenced Organisation. This role will have full access permissions to the AMI features and content of interest for the specific Organisation.		
Name:	Surname:	
Department:		
Job Title/Position:		
Country:	City:	Address:
E-mail:	Telephone:	

<b>Organisation's Operational Manager in AMI</b> The Official indicated here will be responsible for validating the applications for AMI access on behalf of the referenced Organisation.		
Name:	Surname:	
Department:		
Job Title/Position:		
Country:	City:	Address:
E-mail:	Telephone:	

The Organisation will have the possibility to add more Operational Managers afterwards using the standard AMI Access Application.

Place: .....

Full Name: .....

Date: .....

Signature: .....