

COMMITMENT TO TUMI NETWORK OF HIGH AMBITION LEADERS IN AFRICA

COMMITTING LOCAL / SUBNATIONAL GOVERNMENT

City / Local Government Name:

Country:

LEGAL REPRESENTATIVE OF COMMITTING LOCAL / SUBNATIONAL GOVERNMENT

First name:

Last name:

Official title:

We hereby declare our interest in joining the TUMI Network of High Ambitious Leaders in Africa. We are committed to dedicate time to sharing experiences, cooperating with other TUMI Network participants, contributing to joint activities and respecting specific appointments for network activities, if possible and as appropriate, at meetings and events.

We are interested in being part of the development of joint projects.

We understand that no fee is associated with this Network participation.

Date (day / month / year):

Location:

Name:

Signature:

Please return the completed commitment form to Tu My Tran (tu-my.tran@iclei.org),
Blake Robinson (blake.robinson@iclei.org) or to tumi-network@iclei.org

FURTHER INFORMATION ABOUT YOUR LOCAL GOVERNMENT

<p>How is your city committed to EcoMobility / Sustainable Mobility in the long-term?</p>	
<p>What is your motivation for joining the TUMI Network?</p>	
<p>Which EcoMobility / Sustainable Mobility issues does your city wish to work on in the context of the TUMI Network? (please list them in order of priority)</p>	
<p>Please indicate if your city or local government has any of these by ticking the relevant boxes:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> City or regional master plan (incl. transport) <input type="checkbox"/> Stand-alone transport/mobility plan <input type="checkbox"/> Stand-alone NMT plan <input type="checkbox"/> Dedicated mobility/transport department <input type="checkbox"/> Information on the mobility modal share including walking and cycling? <input type="checkbox"/> Mobility baseline assessment with simplified data collection

CONTACT DETAILS OF THE HIGHEST LOCAL/ REGIONAL GOVERNMENT REPRESENTATIVE

Official title of head of government	
First name(s)	
Last name(s)	
Position	
Start date of current term	
End date of current term	
Department	
Street address	
City	
Postcode	
State / Region	
Email address	
Phone number	

CONTACT DETAILS OF DESIGNATED STAFF FOR TUMI NETWORK COMMUNICATION

First name(s)	
Last name(s)	
Position	
Department	
Street address	
City	
Postcode	
State / Region	
Email address	
Phone number	