**Application form of ELARD membership**

**Information about member candidate**

1. **Name of organization, official address, contact**
2. **Type of organization/network**

☐ LAG

☐ National LEADER Network

☐ Regional LEADER Network

☐ Rural Development Network

☐ Other:

1. **Main activities of your organization/network at national level**
2. **Representative person in ELARD and contact-information of representative person**
3. **Substitute person in ELARD and contact-information of substitute**
4. **Current chairperson of the organization and contacts**
5. **How many members (LAGs, other members) do you have in your organization?**
6. **Main aims and activities of your organization**
7. **Are you applying for associated membership or full membership of ELARD?**

☐ Full membership

☐ Associated membership

**General information about your country**

1. **Number of LAGs 2014-2020**
2. **Geographical coverage of the rural area by LAGs (%) 2014-2020**
3. **Total amount (EU and national) of RDP (Rural Development Program) for entire 2014-2020 in euros**
4. **Total budget of LEADER/CLLD from the RDP budget in euros**