

## Expression of interest for becoming a member of the WHO European Healthy Cities Network in Phase VII (2019 – 2024)

Name of the National Network:	Country:
Member cities of the National Network:	

<b>National Network Coordinator</b>		
Name:	Title:	
Address 1:	Address 2:	City:
Country:	Postal code:	
Telephone:	E-mail:	Website:

### Political and Partnership commitment

<b>Political Chairperson</b>		
Name:	Title:	Date elected:
Address 1:	Address 2:	City:
Country:	Postal code:	
Telephone:	Email:	Website:

Expression of interest for the WHO Healthy Cities National Network accreditation  
Phase VII (2019-2024)

*Please send a signed scanned copy of the letter of expression of interest by e-mail.*

Date

Dear Ms Kosinska,

The [*name of national network*] hereby applies for accreditation to join the WHO European Healthy Cities Network Phase VII (2019-2024).

[*Name of national network*] commits itself to:

- dedicate resources to deliver the implementation framework for Phase VII;
- actively participate in the WHO European Network and subnetwork meetings;
- agreement by the political chairperson to participate in meetings of politicians;
- agreement that the national network can be externally monitored and evaluated by WHO;
- pay an annual financial contribution for all of Phase VII (2019–2024)

The focal point in the City/Municipality for the Phase VII application is:  
(add full contact details)

Yours sincerely,

Name of the Political Chairperson

Name of the National Network