

Membership Form

Name _____

Address _____

Telephone _____

Fax _____

Email _____

Nationality _____

Gender _____

Age _____

Date of Birth _____

Ruling party or Opposition _____

Position/Title _____
(within your Parliament)

Thematic interests

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Education | <input type="checkbox"/> Globalizatic |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Social Deve |
| <input type="checkbox"/> Economic Policy | <input type="checkbox"/> Private Sec |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Energy |
| <input type="checkbox"/> Poverty Reduction | <input type="checkbox"/> Infrastructu |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Urban Deve |
| <input type="checkbox"/> Public Sector Reform | <input type="checkbox"/> Water Sani |
| <input type="checkbox"/> Rural Development | <input type="checkbox"/> Trade |
| <input type="checkbox"/> Good Governance | <input type="checkbox"/> Millenium C |

Regional interests

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Africa | <input type="checkbox"/> South Asia |
| <input type="checkbox"/> Europe and Central Asia | <input type="checkbox"/> Latin Ameri |
| <input type="checkbox"/> East Asia and the Pacific | <input type="checkbox"/> Middle Eas |
| <input type="checkbox"/> OECD Countries | |

Other interests or comments _____

Signature

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