



## Membership Form AUMA

African Association of Urban Mobility Authorities

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### General information about the organization

- **Organization name:**
- **Country:**
- **Full address:**
- **Phone:**
- **Email:**
- **Website (if applicable):**
- **Type of organization:**
  - Urban Mobility Authority (UMA)
  - Research Institution
  - Private Company
  - International Organization
  - Other (please specify): \_\_\_\_\_

### Contact Person Information

- **Last name:**
- **First name:**
- **Position within the organization:**
- **Phone:**
- **Email:**

### Organization description

- **Number of employees:**
- **Brief description of urban mobility projects:**

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### Membership conditions

- **Free membership**
- **Annual fee:** 5,000 USD (the fee supports AUMA's projects and initiatives).

Instructions for the payment of the annual fee will be sent by email.

### Commitment

I, the undersigned, [Contact Person Name], legal representative of [Organization Name], hereby confirm our request to join AUMA. We commit to actively participate in the association's activities and to abide by the association's statutes and internal regulations.

- **Date:**
- **Signature:** \_\_\_\_\_

**Required Documents**

- Organization's statutes or registration certificate
- Presentation or annual report of the organization

**Contact Information for submitting the form**

Email: [info@auma.org](mailto:info@auma.org)

Address: AMUGA, 9X5W+CGP, K 33 ?, Abidjan