



## INFORMATION FORM MEMBER ORGANIZATIONS AND PERMANENT OBSERVERS

### 1. OFFICIAL NAME OF YOUR ORGANIZATION:

.....  
.....

Acronym (if any): .....

Address: N°: ..... Street: .....

P. O. Box: .....

Zip code: ..... City: ..... Country: .....

Phone: (with your country's international zip code): .....

Fax: (with international zip code): .....

E-mail: ..... @.....

### 2. IS YOUR ORGANIZATION OFFICIALLY EXISTING OR BEING CREATED?

existing: Creation date ...../...../19.....

being created please specify probable date ...../...../19.....

### 3. WHO IS THE OFFICIAL REPRESENTATIVE OF THE ORGANIZATION ?

Name: ..... First name: .....

Title (President, Director...) .....

Other permanent correspondents to INBO:

Name: ..... First name: .....

Name: ..... First name: .....



**4. IS YOUR ORGANIZATION IN CHARGE OF WATER RESOURCES MANAGEMENT, AT WHICH LEVEL ?**

- International (International Authority or Commission of a transboundary river basin, etc.)
- National
- State (in case of a country with federal structure)
- A river basin
- Regional
- Local
- Other -----> please specify: .....

**5. HAS YOUR ORGANIZATION A LEGAL PERSONALITY AND OFFICIAL STATUS?**

- yes, which one .....
- no

**6. HAS YOUR ORGANIZATION AN AUTONOMOUS BUDGET ?**

- yes => What is the yearly budget?.....€ or \$.
- yes => How many people in the staff of your organization? .....persons
- no

**7. IS YOUR ORGANIZATION DIRECTLY LEVYING SPECIFIC TAXES OR CHARGES ON WATER OR ON ITS USES?**

- yes-----> of which nature?.....
  - pollution
  - abstraction
  - change in the water regime
  - others ---> please specify: .....
- no



**8. AS REGARDS THE RIVER BASIN,**

- What is the name of the main river in the Basin? .....
- What are the main water-related problems in the Basin? .....
- .....
- .....

**9. IN YOUR ORGANIZATION, IS THERE A MECHANISM ASSOCIATING WATER USERS AND LOCAL ELECTED OFFICIALS IN THE DECISION-MAKING PROCESS ?**

- yes
  - what is the nature of the body? (River Basin Committee or Council, etc.) .....
  - what is its composition.....
- no

**10. WHAT ARE YOUR ORGANIZATION'S RESPONSIBILITIES ?**

	YES	NO
<b>Water policy</b> (Regulations, discharge standards, authorizations for abstraction and discharge, controls, legal proceedings, etc.)		
<b>Contracting Authority</b> (dams, canals, treatment plants, etc.)		
<b>Planning on the basin scale</b> (Management plans, master plans, etc.)		
<b>Financing of investments and projects in the Basin</b>		
<b>Management of information systems and databases</b>		
<b>Other activities (please specify):</b> - - -		



**11. NAME OF THE MINISTRY (OR PUBLIC ORGANIZATION) IN CHARGE OF COORDINATING WATER RESOURCES MANAGEMENT AT NATIONAL LEVEL IN YOUR COUNTRY**

- Official name: .....
- Acronym (if any): .....
- Address: N°: ..... Street: .....
- P.O. Box: .....
- Zip code: ..... City: ..... Country: .....
- Tel: ..... Fax: +.....
- Director's name: ..... First name: .....

**THE ORGANIZATION CONFIRMS ITS MEMBERSHIP TO INBO:**

- yes, it confirms its membership to **INBO as official Member - Organization**
- it only wishes to have the provisional status of **Permanent Observer**

after having read the statutes of the International Network of Basin Organizations – INBO.

Made in: .....

on: .....

Name: ..... First name: .....

Signature: .....

Official stamp of your organization