



SUBJECT: Application to join the European Paganini Route (EPR) - Council of Europe Cultural Route.

to Presidente  
of European Paganini Route  
dr. Nicola Costa  
c/o GOG  
Galleria G. Mazzini, 1  
16121 - Genoa

The undersigned \_\_\_\_\_, in the capacity of \_\_\_\_\_

of the Body (name of organisation) \_\_\_\_\_

recognising the principles and objectives of the EPR,

#### REQUESTS

membership and contribution to its objectives and activities, aware of the obligations arising from such membership.

Place and date

Signature with stamp



## APPLICATION FORM to European Paganini Route

Data of the undersigned: Name and Surname \_\_\_\_\_

Role :

Mayor of \_\_\_\_\_ Country \_\_\_\_\_

President of *(indicate name)*

*President of the Association or Institution (indicate name)*

Contact person of

Other (specify)

The organisation is  Public  Private

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in \_\_\_\_\_

(street, city, region, country)

Telephone: +

E-mail:

website: www.

Local authority  Network of local authorities  Association  Conservatory

Chamber of Commerce  Network of other entities  Foundation  Musical institution

Contact person within the institution:

First and last name:

Job /role:

E-mail:

Telephone number:

Mobile phone:



For the purpose of this application, the undersigned declares:

1. The reason(s) for the application (it is possible to tick more than one box):
  - Promotional
  - Exchange of good practices
  - Research
  - Organisation of tourist activities
  - Music activities and festivals
  - Other (specify)

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In the name and on behalf of the Applicant Entity, I, the undersigned, declare that I:  
- have taken note of and accept the membership regulations  
- undertakes to pay the annual membership fee set for 2023 by the General Meeting

Place and date

Signature and stamp (if applicable)