**FORM B: INTERACT CLUB APPLICATION FORM**

AIRMUN 2021 INTERACT CLUB APPLICATION FORM

This form should be filled if all of the applicant Interacts are from the same club and will represent their club in AIRMUN. Please fill the form by not leaving any blank spaces and send this form to info@airmun.org. We will reply back with the assigned delegations. When entering the number of delegates please beware that **student officers and the press members must fill an entirely different form thus please do not count them.** For further information please refer to conference guide or contact info@airmun.org.

INTERACT CLUB NAME

INTERACT CLUB NUMBER

NUMBER OF DELEGATES

PHONE NUMBER

E-MAIL ADRESS

NUMBER OF DIRECTORS THAT WILL ATTEND

NUMBER OF DELEGATIONS REQUESTED

IF THERE ARE PREFFERED DELEGATIONS OR DELEGATION TYPES PLEASE STATE BELOW (NOT MANDATORY TO FILL)

**10 PREFFERED DELEGATIONS (PLEASE WRITE MEMBER OR NON-MEMBER DELEGATION NAMES):**

**PREFFERED DELEGATION TYPE(S) (IF MORE THAN 1 DELEGATION, PLEASE STATE THE QUANTITY):**

|  |  |  |  |
| --- | --- | --- | --- |
| SECURITY COUNCIL & ECOSOC COUNTRY(10 DELEGATES + 1 DIRECTOR) |  | SECURITY COUNCIL COUNTRY (8 DELEGATES + 1 DIRECTOR) |  |
| ECOSOC COUNTRY (8 DELEGATES + 1 DIRECTOR) |  | STANDARD DELEGATION(6 DELEGATES + 1 DIRECTOR) |  |
| NON-MEMBER DELEGATION(2-8 DELEGATES + 1 DIRECTOR) |  |

PROVIDE A CONTACT NAME, TELEPHONE NUMBER AND EMAIL ADDRESS FOR FINANCIAL TRANSACTIONS (THIS PERSON COULD BE SAME AS THE MUN-DIRECTOR) ADD ANY COMMENTS REGARDING FINANCIAL TRANSACTIONS, IF NECESSARY

AS THE MUN-DIRECTOR, I AM AND WILL BE RESPONSIBLE FOR THE WHOLE APPLYING GROUP AND HAVE TAKEN THE CONSENT OF ALL OF THE APPLICANTS WHEN APPLYING. WE HAVE READ AND UNDERSTOOD THE CONFERENCE GUIDE, WILL FOLLOW THE RULES AND THE PROCEDURES OF AIRMUN, AND WILL TAKE FULL RESPONSIBILITY WHEN ANY OF THE RULES ARE NOT FOLLOWED.

**WE HEREBY APPLY FOR AIRMUN 2020**

DATE SIGNATURE