# EPF Membership Application Form

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| **ABOUT YOUR ORGANISATION** |  |
| Full name of the organisation (in local language) |  Click here to enter text. |
| Full name of the organisation (in English) |  Click here to enter text. |
| Applying for Membership: **FULL** or **ASSOCIATE** |  Click here to enter text. |
| **YOUR ADDRESS** |  |
| Number and Street Name |  Click here to enter text. |
| Town of Organisation |  Click here to enter text. |
| Postcode |  Click here to enter text. |
| Country of Organisation |  Click here to enter text. |
| **CONTACT DETAILS** |   |
| Phone Number (including country code) |  Click here to enter text. |
| Mobile Phone (including country code) |  Click here to enter text. |
| E-mail address |  Click here to enter text. |
| Website |  Click here to enter text. |
| Office hours |  Click here to enter text. |
| Languages spoken |  Click here to enter text. |
| **YOUR ORGANISATIONS' MEMBERS** |  |
| Estimated Number of Members |  Click here to enter text. |
| **If you are a national coalition of patients organisations**,Number of diseases covered by your organisation |  Click here to enter text. |
| **If you are a pan-European disease-specific organisation,**Number of countries of the EU covered by your organisation | Click here to enter text.  |
| **LEGAL STATUS OF YOUR ORGANISATION** |  |
| Legal Status of the Organisation | Click here to enter text.  |
| REG. No. (NGO/Foundation/Association) | Click here to enter text.  |

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| **ANNEXES CHECK LIST** |  |
| **Documents you need to submit together with your application** |
|[ ]  A letter stating that the organisation wants to join EPF |
| [ ]  | A letter stating that the organisation accepts the constitution and the internal rules of the EPF; |
| [ ]  | Your organisations’ legal status with a registered copy of the Constitution |
| [ ]  | A list of the members of your organisation |
| [ ]  | A copy of the latest audited accounts if turnover exceeds €50,000, otherwise a copy of the accounts certified by the Treasurer of the organisation.  |
| [ ]  | The logo of your organisation |
| **MEMBERSHIP FEE** |  |
| The following fee structure was proposed, on the basis of members’ gross turnover. Four levels of membership fees were proposed on the basis of the members’ turnover: |
| Below 100 000€ | 100 € |
| Between 100 001 – 250 000€ | 250 € |
| Between 250 000 – 500 000€ | 500 € |
| Over 500 001€ | 1 000 € |
| Associate Membership | 100 € |
| **Membership (Art. 4)**  |  |
| EPF has three categories of membership: **Full, Provisional and Associate Membership**. |
|  The European Patients’ Forum aims to be as transparent, democratic and inclusive as possible. |
| EPF respects the individuality of its member organisations. |
|  It recognises and appreciates the variety of viewpoints among its members.  |
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| The EPF Board will take a decision about the membership of the applying organisation on a provisional basis, subject to ratification by the next meeting of the Council |
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| **EPF CONTACT DETAILS** |  |
| **Please mail/ e-mail Application Form to:** | Ms Camille Bullot,Membership OfficerEuropean Patients’ Forum, Rue du Commerce, 31 B-1000 Brussels camille.bullot@eu-patient.eu Tel: +32 (0)2 274 08 61 |