

**APPLICATION FORM FOR MEMBERSHIP OF EUROCARERS**

**Name of organisation**: ……………………………………………………………………………

Address: ……….………………………………………………………………………………….

President or CEO: …………….…………………………………………………………………...

Signature: ….…………………………………………………………Date:…………..…………..

Legal Registration not for profit company number:……………………. …Date:………………

Legal Registration Charity number:………………Organisation Email:……………………….

Website: ………………………………Phone:………………………Fax:……………………..

**Contact name**: ……………………………………………………Position: …………………….

Address:………………………………………………………………………………………………

Email:……………………………………………Mobile…………………………………………..

Telephone……………………………………… Fax:………………………………………

Applying for (see definitions below):

* + Full membership
	+ Associate membership
	+ Observer member

*(please tick)*

* I declare that the Organisation is conversant with and accepts the statutes,

Internal Rules and the Statement of Intent of Eurocarers / Mission Statement

(See [www.eurocarers.org](http://www.eurocarers.org) )

**1. Full membership:**

The rights of full members include full voting rights in the Association and the right to stand for election to the organisational structures of the Association in accordance with these statutes. Full members have complete membership of the Association. They set the policies, guidelines and priorities of the Association and make an ongoing contribution to its activities.

The organisation must:

* be located within the EU
* have a predominant interest in the advancement of informal care
* have a European or national remit, or, depending on the structures of national health and social service systems, a sub-national or regional remit
* be not-for-profit
* be legally constituted according to the laws and usages of the country in which established
* Adhere to the Association’s statutes.

Please select what category your organisation falls under:

* Carers organisation

 □ national

□ sub-national /regional

□ all carers

□specific patient groups (please specify:…………………………………....)

* Research organisation

**2. Associate Membership**:

For organisations other than carers and research and development organisations, with a predominant interest in the advancement of informal care. Associate members have no voting rights in the Association and no right to stand for election to the organisational structures of the Association.

Please select what category your organisation falls under:

* + NGO
	+ Research
	+ Other

Please specify: ………………………………………………………………..

**3. Observer membership (for individuals):**

Observer members have no voting rights in the Association and no right to stand for election to the organisational structures of the Association.

Please select one:

* + Carer
	+ Research
	+ Personal interest
	+ Affiliation with carers´ issues? Please specify: …………………………

**MEMBERSHIP FEES:**

**PAYMENT METHODS:**

**CREDIT TRANSFER**: (Include Organisation’s name)

**Bank account holder**: Eurocarers

**Bank**: Belfius Bank

**Bank address**: Rue de la Loi, 82 - 1040 Brussels

**Bank account n.**: 0689 0089 0254

**IBAN**: BE42 0689 0089 0254

**Swift code**: GKCCBEBB

**DOCUMENTATION:**

The application should be accompanied by the following documents and data:

* the work programme of the applicant’s organisation;
* the updated (most recent version) statutes of the applicant, respectively the act of constitution of the applicant (in the case of organisations of carers) a document in which the applicant demonstrates it is representative and that it is structured and managed in a democratic way.

Any other documents: *The Secretary is entitled to ask the applicant for any additional information necessary in order to issue advice to the General Assembly. If the Secretary asks for any such additional information, the application procedure shall be suspended until this additional information is communicated by the applicant. When issuing advice regarding membership, the Secretary may rely on any information, including information obtained from third parties.*



Stecy Yghemonos

Executive Director