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**EPHA**

**MEMBERSHIP**

**APPLICATION FORM**

By applying for EPHA membership, your organisation agrees to abide by the [Statutes](chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https:/epha.org/wp-content/uploads/2017/03/EPHA-STATUTES-en.pdf) and [Internal Rules](chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https:/epha.org/wp-content/uploads/2016/06/EPHA_Bylaws_2016_final_new-logo.pdf), and commits to share the aims and objectives of EPHA. You also commit to respect the confidentiality of information shared at EPHA meetings, through EPHA internal documents, and other channels of communication, and to declare any potential conflict of interest.

# **PART 1: CANDIDATE ORGANISATION’S DETAILS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ABOUT THE ORGANISATION** | | | | | |
| Full Name in Original Language: |  | | | | |
| Full Name in English: |  | | | | |
| Acronym (If Relevant) |  | | | | |
| Type Of Organisation / Legal Form |  | | | | |
| Organisation Registration Number: |  | | | | |
| Registered Address: |  | | | | |
| Country: |  | City: |  | Postcode: |  |
| City: |  | | | | |
| Postcode: |  | | | | |
| V.A.T. Number | Website: | | | | |
| Website: |  | | | | |
| **LEGALLY REPRESENTED BY:** | | | | | |
| Name: |  | | | | |
| Job title: |  | | | | |
| E-mail address: |  | | | | |
| **EPHA CONTACT PERSON:** | | | | | |
| Name: |  | | | | |
| Job title: |  | | | | |
| E-mail address: |  | | | | |
| **CONTACT PERSON FOR FINANCES (E.G. MEMBERSHIP FEE):** | | | | | |
| Name: |  | | | | |
| Job title: |  | | | | |
| E-mail address: |  | | | | |
| **PERSON RESPONSIBLE FOR COMMUNICATIONS IN YOUR ORGANISATION (IF APPLICABLE)** | | | | | |
| Name: |  | | | | |
| Job title: |  | | | | |
| E-mail address: |  | | | | |

# **PART 2: MEMBERSHIP FEES**

As a member of EPHA, one of your contributions will be an annual membership fee that will be invoiced for payment at the beginning of each calendar year. The **EPHA membership fee** is variable, and it is dependent on an Organisation’s annual turnover, ranging from 52.50 € to 5250€ per annum.

|  |  |
| --- | --- |
| **ANNUAL INCOME** | **EPHA MEMBERSHIP FEE** |
| > 1 000 000 € | 5 250 € |
| 300 000 – 1 000 000 € | 1 575 € |
| 150 000 – 300 000 € | 840 € |
| 50 000 – 150 000 € | 420 € |
| < 50 000 € | 52.50 € |

Please state the EPHA membership fee category that you belong to:

|  |  |
| --- | --- |
| **Date:** | |
| **Applicant’s signature:** | **Counter signature:** |
| **Printed Name:** | **Printed Name:** |
| **Position:** | **Chairperson:** |

# **PART 3: CANDIDATE ORGANISATION’S FOCUS AND INTERESTS**

Please indicate your organisation’s area(s) of primary focus and expertise by putting a cross beside the following areas:

|  |  |  |
| --- | --- | --- |
|  | **PRIMARY FOCUS** | **AREA OF EXPERTISE** |
| Advocacy – Research – Service Provision |  |  |
| **Population Health** | | |
| * Non-Communicable Diseases (Please Specify): |  |  |
| * Food & Nutrition |  |  |
| * Addictive Substances |  |  |
| * Mental Health |  |  |
| * Environment |  |  |
| * Sexual & Reproductive Health |  |  |
| **Health Sector** | | |
| * Workforce |  |  |
| * eHealth |  |  |
| * Pharmaceuticals & Medical Devices |  |  |
| * Communicable Diseases (Please Specify): |  |  |
| * Health Services |  |  |
| * Non-Conventional Medicine |  |  |
| * Patient Rights |  |  |
| **Cross Cutting Inequalities** | | |
| * Global Health |  |  |
| * Children |  |  |
| * Adolescents |  |  |
| * Gender |  |  |
| * Migrants |  |  |
| * Older Persons |  |  |
| * Other Groups (Please Specify) |  |  |
| **Other Areas of Research / Expertise** |  |  |
| * (Please Specify): |  |  |

# **PART 4 – MEMBERSHIP QUESTIONNAIRE**

|  |
| --- |
| 1. When was your organisation established? |
|  |
| 2. In what country is it registered? |
|  |
| 3. How would you describe your organisation? (Fill In as many as are appropriate) |
| Non-governmental organisation  Not-for-profit/charity  Local or regional authority  Educational/academic institution  Professional Network  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3a. Are you a membership-based organisation? |
| Yes  No |
| 3b. What are your categories of membership (individuals, organisations, academics, etc.)? Please describe. |
|  |
| 3c. How many members do you have (in each category)? Please specify. |
|  |
| 4. What is your organisation’s mission? |
|  |
| 5. What are your organisation’s main strategic aims? |
|  |
| 6. What are your organisation’s main activities? |
|  |
| 7a. Who appoints the governing body in your organisation? |
|  |
| 7b. What is the main policy making body in your organisation? |
|  |
| 7c. How is your organisation organised and run on a day-to-day basis? |
|  |
| 7d. How many employed staff does you organisation have? |
|  |
| 8. What are your organisation’s major publications (Newsletters, bulletins, position papers, electronic materials, etc)? |
|  |
| 9. Is your organisation itself a member of other organisations? If yes, which one(s)? |
|  |
| 10a. What is your current annual budget? Gross Income – Expenditure |
|  |
| 10b. How are you funded? |
|  |
| 10c. Breakdown of income (amount and %): |
|  |
| - Private grants (foundations) |
|  |
| - EU or other publicly sourced grants |
|  |
| - Private donations |
|  |
| - Membership fees |
|  |
| - Project funding |
|  |
| - Commercial funds (companies) Please specify if grants or commercial transactions. |
|  |
| - Other sources of income (please specify) |
|  |
| 10d. Please enclose a copy of the last year full financial report of your organization. |
| 10e. Please indicate how your organisation maintains independence from any commercial interests, if relevant. |
|  |
| (If your organisation has a policy document on conflict of interests, please enclose a copy) |
| 11. What do you consider will be the benefits to your organisation of membership of EPHA? |
|  |
| 12. What perspective, representation and expertise does your organisation bring to EPHA? |
|  |
| 13. Further comments |
|  |

Please enclose the following supporting documents / web links:

* **a copy of the statutes (description of the legal basis of your organisation or equivalent)**
* **a copy of the latest annual accounts**
* **any other relevant documents (e.g., conflict of interest policy)**

**Please return the filled-out form with all the supporting documents by e-mail to EPHA at** [**membership@epha.org**](mailto:membership@epha.org)**.**