



# Membership Application Form

**Associate membership**

**Full membership**

*(Please tick one)*

**Organisation  
Name**

\_\_\_\_\_

**Field of  
activity:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

\_\_\_\_\_

**Registered (Y/N)** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Website:** www. \_\_\_\_\_

## **Main representative:**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Position within organisation \_\_\_\_\_

## **Additional contact:**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Position within organisation \_\_\_\_\_



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## Membership Questionnaire

### 1- How would you describe your organisation?

- Non-governmental organisation
- Not for profit organisation
- Public authority
- Educational/academic institution
- Other: \_\_\_\_\_

### 2- What is your mission?

### 3- What are your main activities?

### 4- How many members do you have?

- Individuals
- Organisations

### 5- What are your sources of income?

- EU funding
- Public funding (e.g Government, local/national authorities)
- Pharmaceutical industry
- Other commercial partners
- Foundations, trusts
- Membership
- Other income streams (please specify)\_\_\_\_\_

### 6- What is your annual income?

- <10 000
- >10 000 and <100 000
- >100 000 and <250 000
- >250 000

**I have read the conditions of membership (Y/N):** \_\_\_\_\_

Signature: X

Date: \_\_\_ / \_\_\_ / \_\_\_  
(mm/dd/yy)

Print name: \_\_\_\_\_

Applicants declare meeting EMHF's membership criteria and to agree to its legal statutes. Further information is available from the membership section of the EMHF website [www.emhf.org](http://www.emhf.org). Requests for cancellations and amendment of membership information can be made in writing to the Secretariat of EMHF at the address below. Collected data will not be shared with external parties.

**Please send to:** European Men's Health Forum, 11 rue de l'Industrie, B-1000 Brussels, Belgium.  
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