

CONTRIBUTING MEMBERSHIP APPLICATION FORM

Family and First Name :

Job title :

Your private VAT number (if applicable):

Home Address:

Invoice Address :

Preferred invoicing period: 1 year / 3 years (please indicate your choice)

Email(s) work & private :

Please indicate your preferred correspondence email and postal address: home address / invoice address / email

Phone :

Mobile :

Pain Interests :

I declare to be fully aware of the articles of the association and all other relevant documents of the European Pain Federation EFiC, having its registered seat in Belgium, 1831 Diegem, Grensstraat 7, mailbox 3, and to comply with them.

Date : _____

Signature : _____

Important note: The application for “contributing membership” is for 3 years minimum. The fee is 100 euro, excluding VAT (21%), per year and can be invoiced per year or for 3 years (300 euro, excluding VAT). The new contributing membership starts after EFiC’s Board approval till the end of each calendar year and the privileges of applications for Fellowships only start after 1 year of membership as stipulated on the EFiC website.