

## **CONTRIBUTING MEMBERSHIP APPLICATION FORM**

### **For organisations**

Name of organisations :

Contact person :

VAT number (if applicable):

Address of organisation:

Invoice Address (if different from above):

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

Email of organisation (general and contact person) :

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/stamp : \_\_\_\_\_

**Important note: The application for “contributing membership” for organisations is for 3 years minimum. The fee for a commercial organisation is 500 euro and for non-commercial organisations 200 euro, excluding VAT (21%), per year and can be invoiced per year or for 3 years (comm. 1,500 euro – non-comm 600 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. The Contributing Membership includes that the organisations have to share their list of members to ensure membership to the concerned organisation is active.**