

## EUROPEAN POLIO UNION – MEMBERSHIP FORM

<b>Name of your organisation</b>			
<b>Main contact person</b>			
<b>Telephone number</b>			
<b>Email</b>			
<b>Main address of organisation/contact person</b>			
		<b>Code:</b>	
	<b>Country:</b>		
<b>Number of members with polio</b>	Less than 250 Members		
	250 – 500		
	501 – 1000		
	1001 – 2500		
	2501 – 5000		
	5001 – 7500		
	7501 – 10000		
	More than 10000 Members		
<b>Is your organisation just for people with polio &amp; PPS or part of an umbrella organisation?</b>	Only for people with polio <span style="float: right;">√</span>		
	Part of an umbrella organisation <span style="float: right;"><input type="checkbox"/></span>		
<b>If part of an umbrella organisation, please give more information.</b>	<input type="checkbox"/>		
<b>Is your organisation the only organisation for people with polio in your country?</b>	YES	NO	√
	<input type="checkbox"/>	<input type="checkbox"/>	
<b>If not, please could you supply a list with contact details of other organisations for people with polio/PPS in your country.</b>			
<b>Annual Income of your organisation in your last financial year.</b>	Less than €12.500		€130.000-300.000
	€12.500-65.000		More than €300.000
	€65.000-130.000		
<b><i>Please turn over for Joining Fee/Annual member fee scales and Signed Agreement</i></b>			

**The European Polio Union relies heavily on the fees paid by its member organisations. The fees below are a suggested minimum. If you can afford to pay more or give a donation, this will help us to provide better support to you, our member organisations and people with polio and Post Polio Syndrome throughout Europe.**

<b>Annual Income</b>	<b>Joining Fee</b>	<b>Annual Fee</b>		<b>Joining Fee</b>	<b>Annual Fee</b>
Less than €12.500	€1000	€100	€130.000-300.000	€1000	€400
€12.500-65.000	€1000	€200	More than €300.000	€1000	€500
€65.000-130.000	€1000	€300			

**You can find the European Polio Union Rules and Objectives on our website. Please read them carefully. The agreement below should be signed by the Chief Executive/ Chairman/Treasurer of your organisation.**

**We agree to abide by the Rules and Objectives of the European Polio Union and pay the appropriate Joining Fee and Annual Fee each year by 31 March thereafter. We understand that a breach of the rules or failure to pay the appropriate fees may mean that our organisation can no longer remain a member of the European Polio Union.**

**1. Signed on behalf of .....(Name of your organisation)**

**Signature.....Date.....**

**Please print name.....**

**Position in your organisation: CHIEF EXECUTIVE//CHAIRMAN/ TREASURER**

**Your email address/Contact details.....**

**2. Signed on behalf of .....(Name of your organisation)**

**Signature.....Date.....**

**Please print name.....**

**Position in your organisation: CHIEF EXECUTIVE/CHAIRMAN/TREASURER**

**Your email address/Contact details.....**

**PLEASE RETURN THIS FORM TO:**

**Margret Embry (EPU Treasurer)  
De Peuthystraat 62, B-3040 Huldenberg, Belgium  
Email: [trexim@skynet.be](mailto:trexim@skynet.be)**

**FEES SHOULD BE PAID TO:**

**KBC Bank, B-3040 Huldenberg/Brabant, Belgium  
ac no. 734-0268379-86  
IBAN: BE78734026837986  
BIC: KREDBEBB  
name of account holder : European Polio Union**