**EPU MEMBERSHIP APPLICATION FORM 2024**

***Individual membership***

Name and surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contacts - email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

- phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

- postal address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am a polio survivor: YES NO

If YES, in what age you contracted polio:

*Membership fees (EPU Statutes, section 5.1.3):*

*5.1.3. Individual Membership is open to any natural person from countries within the area encompassed by the Council of Europe in which there is no organization (whichever the size) that*

*promotes the interests of polio survivors and/or those with the late effects of polio and post-polio*

*syndrome, their families or carers.*

*Individual members pay only annual contributions. Individual membership does not confer voting rights.*

|  |  |  |
| --- | --- | --- |
| ***Annual Income*** | ***Accession Fee***  | ***Annual Contribution*** |
| *Any* | *No accession fee* | *10 €* |

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

***Signature:*** ………………………………………..……………………………. ***Date:*** ………..…………………………….……

**PLEASE MAIL THIS FORM TO:** Stefan Grajcar, EPU Secretary; stefan.grajcar@gmail.com

**FEES SHOULD BE PAID TO:**

BELFIUS BANK

Account Name: European Polio Union

Account Number (IBAN): BE82 0689 0354 9468

BIC: GKCCBEBB
Reference: EPU Membership Fee for (*please give your name*)

**THANK YOU!**