



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!