

MEMBERSHIP APPLICATION FORM (v. 2024)

(Polio organizations or support groups)

Name of your organisation	
Main contact person	
Telephone number	
Email	
Main address of organisation / contact person	
	Country:
Number of manufacture with malic	Less than 250 Members
Number of members with polio	250 – 500
	501 – 1000
	1001 – 2500
	2501 – 5000
	5001 – 7500
	7501 – 10000
	More than 10000 Members
Is your organisation just for polio survivors or a part of an umbrella	Only for people with polio
organisation?	Part of an umbrella organisation
If part of an umbrella organisation, please give more information.	
Is your organisation the only organisation for polio survivors in your country?	YES NO
If not, please could you supply a list with contact details of other organisations for polio survivors in your country?	
Annual income of your	Less than €12,500
organisation in your last financial	€12,500-65,000
year.	€65,000-130,000
	€130,000-300,000
	More than €300,000
Please turn over for Join	ng Fee/Annual membership fee scales and Signed Agreement

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.

1. Full Members (as defined in Article 5.1.1.)

Full Membership is open to any European organization of more than 25 members concerned with polio, the late effects of polio and of post-polio syndrome, the welfare of polio survivors and medical and/or social research and support of those with polio and post-polio syndrome, and which is registered and/or legally established in any country within the area encompassed by the Council of Europe.

Full members pay a once-only accession fee and an annual contribution. They have voting rights in accordance with the rules that may be established at the annual or extraordinary General Meeting.

Annual Income	Accession Fee (ones only)	Annual Contribution
Less than € 12,500	75 €	75 €
€ 12,500 - € 65,000	125 €	125€
€ 65,000 - € 130,000	200 €	200€
€ 130,000 - € 300,000	300 €	300€
More than € 300,000	500 €	500€

2. Associate Members (as defined in Article 5.1.2.)

Associate Membership is open to any organization or support group within the area encompassed by the Council of Europe concerned with polio, the late effects of polio and of postpolio syndrome, the welfare of polio Survivors and medical and/or social research and support of those with polio and post-polio syndrome:

- a) with less than twenty-five members, which is a registered and/or legally established entity; or
- b) with more than twenty-five members, which is not a registered and/or not legally established entity.

Associate members pay an annual contribution according to their annual income. Associate membership does not confer voting rights.

Annual Income	Accession Fee (ones only)	Annual Contribution
Any	No accession fee	50€

3. Individual Members (as defined in Article 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 according to the Internal Regulation. Individual membership does not confer voting rights.

Annual Income	Accession Fee	Annual Contribution
Any	No accession fee	€10

In the first year of membership fees payable will be the full Accession Fee, plus full Annual Contribution or on a monthly pro rata basis if joining part way through the Association year, Annual Contribution is payable in Year 2 and thereafter. Full Accession Fee is payable on joining the Association in full regardless of when acceding during the year, being defined as January to December, and will not be subject to any pro rata discount.

Should the payment of the Accession Fee constitute a difficulty in membership as defined in Article 5.1.1, an exceptional departure may be made in consultation and agreement of the Board of Directors of the Association.

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 and the 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:	
Your email address/Contact details:	
2. Signed on behalf of	(Name of your organisation)
Signature:	Date:
Please print name:	
Position in your organisation:	
Your email address/Contact details:	

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 the name of your organization)

THANK YOU!