

# MEMBERSHIP APPLICATION FORM



**ORGANISATION FULL NAME  
& ACRONYM**

**PRESIDENT**

**COUNTRY**

**ADDRESS**

**POSTAL CODE**

**CITY**

**TELEPHONE**

**FAX**

**E-MAIL**

**WEBSITE**

**NAME OF CONTACT  
FOR EURORDIS**

**E-MAIL**

**TELEPHONE**

**ADDRESS**

(IF DIFFERENT FROM THE MAIN OFFICE)

ALL INFORMATION FROM EURORDIS WILL BE SENT TO THIS CONTACT PERSON'S E-MAIL AND ADDRESS!

**DISEASE(S) REPRESENTED:**

**NUMBER  
OF MEMBERS:**

**ANNUAL  
BUDGET IN €:**

**YEAR  
OF CREATION:**

**MEMBERSHIP IN OTHER  
ORGANISATIONS:**

**BOARD OF DIRECTORS**

NUMBER OF BOARD MEMBERS:

NUMBER OF BOARD MEMBERS WHO ARE PATIENTS OR FAMILY MEMBERS:

**INCOME**

DO YOU RECEIVE FINANCIAL SUPPORT FROM PHARMACEUTICAL  
OR BIO-TECH COMPANIES?

**YES**

**NO**

IF YES, PLEASE SPECIFY:

- % of this financial support in your revenue
- Number of pharmaceutical and bio-tech companies funding your organisation

**Please attach the following documents to your application:**

1. A short description of your organisation's main activities and goals (in English if possible)
2. Statutes / By-laws of your organisation
3. List of your Board of Directors (indicating for each person if he/she is a patient or family member)
4. Most recent Annual Report (including the financial statement)
5. Publications and/or educational materials (if available)

Please return this form and the necessary documents to:

EURORDIS, Plateforme Maladies Rares, 96 rue Didot, 75014 Paris FRANCE

For more information, please contact Anja Helm: Tel. +(33) 1 56 53 52 17, [anja.helm@eurordis.org](mailto:anja.helm@eurordis.org)