

## Membership-Application



### "EPHEU" (European Association of Employed Community Pharmacists)

Please mark:

Ordinary Member

(Only legal entities, which are national professional organizations of employed community pharmacists, may be admitted as Ordinary Members of the Association. These organisations must have their seat in Europe. Only Ordinary Members are entitled to vote at the General Assembly).

Observer Member: as  Organisation  Natural Person (please just fill in your name and address)

(Natural persons may be admitted as Observer Members, but cannot be Ordinary Members. Observer Members are not entitled to vote).

All members are entitled to take part in the General Assembly.

1. Name of Organisation: \_\_\_\_\_

2. Organisation's main objectives/topics: \_\_\_\_\_  
\_\_\_\_\_

3. Number of staff: \_\_\_\_\_

4. Founding Year of Organisation: \_\_\_\_\_

5. Address of Organisation: \_\_\_\_\_

6. City: \_\_\_\_\_ State/region: \_\_\_\_\_ postal Code: \_\_\_\_\_

7. Country: \_\_\_\_\_

8. Website: <http://> \_\_\_\_\_ E-Mail: \_\_\_\_\_

9. Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

#### **Contact person:**

Title: \_\_\_\_\_

Sex: male  female

First name \_\_\_\_\_

Last name: \_\_\_\_\_

Position: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Authorised representatives (official signer on behalf of the organisation) – if different than above:**

Title:	_____	Sex:	male <input type="checkbox"/> female <input type="checkbox"/>
First name	_____	Last name:	_____
Position:	_____		
Telephone:	_____	E-Mail:	_____

**Membership-Fees:**

Ordinary Members: € 1.000,00 per year

Observer Members (Organisation): € 1.000,00 per year, Observer Members (Natural persons): € 50,00 per year.

**Notes / Request to the Executive Board of EPhEU:**

I, the undersigned, declare that I am duly authorised by my organisation to complete and submit this application and that the information contained in this form is to the best of my knowledge correct.

**Signature:**

(official signer on behalf of the organisation)

Firm stamp:

\_\_\_\_\_  
Place and Date

**EPhEU, Spitalgasse 31/3, 1090 Wien (Austria), Tel: 0043 1 404 14 419 (Ms.Barbara Schöbitz), Fax: 0043 1 404 14 414, E-Mail: epheu@vaoe.at**

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