

Membership Application Form

Organisation full name:

We apply as:

Full Member

Associate Member

We are a non-profit organization: Yes

No

President (Name/Surname):

Country:

Address:

Postal code:

City:

Telephone:

E-mail :

Website:

Contact person for NF Patients United:

Name _____ Surname _____

E-mail _____

Telephone _____

Address (if different from the main office) _____

Board members:

number of members _____ annual budget in Euro _____

year of creation _____

board of directors (number of board members) _____

number of board members who are patients or relatives of patients _____

Date:

Signature:

Info: Until revoked your membership is automatically extended by a further year, unless NFPU has received a written notice of termination.

Please attach the following documents to your application:

1. A short description of your organisation's main activities and goals
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 a family member)
4. Most recent Annual Report (including the financial statement)
5. Publications and/ or educational materials (if available)

Please return this form and all the necessary documents to:

NFPU-president - Claas Röhl

info@nf-patients.eu

Membership Fees:

(State: 2023)

Annual Income of national organisation	Annual NFPU Membership Fee FULL MEMBER	Annual NFPU Membership Fee ASSOCIATED MEMBER
Less than 10.000 Euro	€ 150.-	€ 300.-
Between 10.000 and 49.999 Euro	€ 300.-	€ 600.-
Between 50.000 and 199.999 Euro	€ 750.-	€ 1,500.-
Between 200.000 and 499.999 Euro	€ 2,500.-	€ 5,000.-
500.000 Euro and more	€ 5,000.-	€ 10,000.-

Please transfer the fee due to your annual income to the following account, quoting your organisation on the form under the heading "purpose of payment":

Name NF Patients United

IBAN AT13 2011 1839 6900 1500

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