

EHTEL Membership Application Form 2023

Thank you for your interest in joining EHTEL. Please complete and return this form to the Secretariat:

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Contact Per			First Name	
	Job Title Tel		Mobile	1
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VAT Numbe	er (if applicable)		Website	
Ne apply to jo	oin EHTEL as a (<i>please</i>	e tick the appropriate bo	x)	
☐ Working Member – Category A☐ Publicly quoted companies				5,100
		•		3,800
			ation agencies	3,800
		d companies with over f		ling
		ific organisations (more	than 50 employ	ees)
	☐ Private hosp			
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		tals, religious or charity sations (public or private		ing loss than 5 noonlo)
		start-ups less than 5 ye		ing less than 5 people)
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	Working Member – Ca	ategory D		65
	Patients/Citiz	zens and Consumer Ass	ociations	
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Membership	Rights			
Rights of men	nbers are defined unde	r the EHTEL by-laws ar	nd the internal p	rocedures which are supplied upon reque
contact mem	<u>bership@ehtel.eu</u>).			
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•		•	•	membership terms and conditions as set
out above and	a En i El Dylaws aliu ili	ternal procedures I hav	e been provided	i Witti.
			On behalf of	f
Name			(Organisatio	nn)
Signature			Date	
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		EHTEL Association, A s an email attachment t		ren, box 2, 1150 Brussels, Belgium, or



Membership Application Process

Your application is subject to review by the management team of EHTEL and the Board of Directors. Your answers to the following questions help us evaluate your application. Please use the space below, and/or add any links to relevant websites. You may also choose to attach supporting documents about your organisation.

Please give a short description of your organisation

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What are the interests and activities of your organisation in eHealth?					
Please details what are the interests and activities of your organisation in eHealth					
What is your organisation's motivation to join EHTEL?					
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Thank you for your responses. EHTEL will acknowledge your application within two working days, and promises a swift evaluation procedure and prompt notification.