

EHTEL Membership Application Form (v2015)

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

Organisation			
Last Name		First Name	
Job Title			
Tel		Fax	
E-mail			
Postal Address			
VAT Number (if applicable)		Website	

We apply to join EHTEL as a *(please tick the appropriate box)*

- Working Member – Category A 4,400 €
 - Publicly quoted companies
- Working Member – Category B 3,300 €
 - Public health authorities, implementation agencies
 - Privately held companies with over five years of trading
 - Large scientific organisations (more than 50 employees)
 - Private hospitals
- Working Member – Category C 1,650 €
 - Public Hospitals, religious or charity hospitals
 - Small organisations (public or private sector employing less than 5 people)
 - Commercial start-ups less than 5 years' old
 - Small and medium-sized scientific not for profit organisations (less than 50 employees)
- Working Member – Category D 55 €
 - Patients/Citizens and Consumer Associations

Above fees are annual fees covering the period from January to December and do **not** include any applicable taxes such as the Belgian VAT of 21%. There is no extra administrative fee for new members. Membership is automatically renewed, unless a prior notification of withdrawal is received.

Please provide additional information on your organisation on the following page.

Membership Rights

Rights of members are defined under the EHTEL by-laws and the internal procedures which are supplied upon request (contact info@ehtel.eu). I certify that I have read, understood and agree to be bound by the EHTEL membership terms and conditions as set out above.

Name _____	On behalf of (Organisation)	_____
Signature _____	Date	_____

Please complete and sign the form and

- *Send your form by post to: EHTEL Association, Avenue de Tervueren 168, box 2, 1150 Brussels, Belgium, or*
- *Fax your form to +32 2 230 84 40, or*
- *Scan your form and send as an email attachment to info@ehtel.eu.*

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?

What are the interests and activities of your organisation in eHealth?

What is your organisation's motivation to join EHTEL?

Thank you for your responses. EHTEL will acknowledge your application within two working days, and promises a swift evaluation procedure and prompt notification.