



**Application for Contributing (Association/ Institution) Membership Applicant**

***Profile participating organisation***

**Please give full details**

Date of completing this form	
Full name of organisation:	
Full name of organisation in English:	
Street:	
Town:	
Country code:	
Name of Head of Association/Company	
Email contact address	
Name of person who will be the contact representative	
Email contact address	
Website address	

Activities of the Association/ Organisation:	
Number of Occupational Therapists present:	
Collaborating with which University?	
Research Activities Please name research areas/subjects:	
What are your expectations of ENOTHE?	
Please add any other comments in this section	

**FEES:**

The contributing membership fee is €240

(The fee may be lower based on the World Bank income classification, kindly see [www.enothe.eu](http://www.enothe.eu))

After receiving your application we will contact you with options for payment from York St John University, York, UK which is currently the administrative office of ENOTHE.

Email contact details of the administrative office [info@enothe.eu](mailto:info@enothe.eu)

**DECLARATION:**

By signing the form in the space provided below, you consent to commit to the general aims and objectives of ENOTHE, be active in your participation in ENOTHE via meetings, questionnaires etc. and to comply with the membership fee payment, which may increase annually. The membership year runs from January 1<sup>st</sup> till December 31<sup>st</sup> (Please see also the ENOTHE charter at [www.enothe.eu](http://www.enothe.eu)).

In order to include your signature you could add it electronically.

Name of the representative of the Institution: .....

Date: .....

**FOR USE BY ENOTHE BOARD ONLY**

Accepted By:	
Signature:	
Date:	