

APPLICATION FORM FOR ENOTHE CONTRIBUTING MEMBERSHIP

(Please type or complete in block letters)

Name of Company/Association/Hospital/Research Institute:	
Address:	
ZIP/Postcode	
City:	
Country:	
Tel:	
Fax:	
Email:	
Website:	
Name of Head of Association/ Company:	Title:
Name of Contact Person to ENOTHE:	Title:

FEES:

The contributing membership fee is €240

(The fee may be lower based on the World Bank income classification, kindly see 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

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 1st till December 31st (Please see also the ENOTHE charter at www.enothe.eu).

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

Signature of the representative of the Institution:

Date:

FOR USE BY ENOTHE BOARD ONLY

Accepted By:	
Signature:	
Date:	