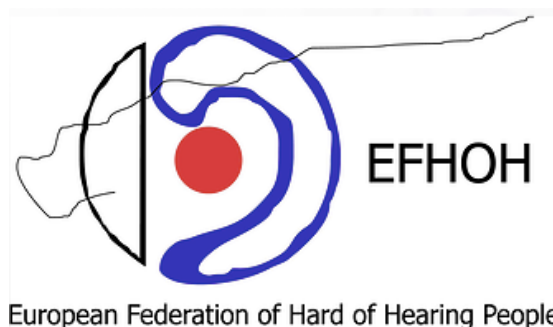


Application for membership



| |
|--|
| 1. Name of the organization (in your spoken language): |
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|---|
| 2. Name of the organization (in English): |
|---|

| |
|---------------------------------|
| 3. Contact information: |
| Postal mailing address: |
| Phone, fax, Text Phone: |
| e-mail: |
| Website: |
| Contact person(s) and title(s): |

| |
|--|
| 4. Please identify the appropriate category for your organization: |
| <input type="checkbox"/> General Membership (a national organization for people who are hard of hearing). General Members shall mean the national organizations in European countries consisting of and/or intended for persons who are hard of hearing and persons who have become deaf, which develop activities on a non-commercial basis in the interest of persons with hearing difficulties. Such organization shall have a national charter with statutes not in conflict with those of EFHOH, giving evidence of national scope of membership, operating in at least one of the languages of its country, and whose country is recognized as such an entity by the European Union. General members have voting rights at EFHOH general meetings. |
| <input type="checkbox"/> Associate Membership (regional or other type of organization) Associate Members shall mean: European, regional or national organizations which pursue largely the same objectives as those of this association, and do NOT belong to a national organization already affiliated to the EFHOH. Associate members have no voting rights at EFHOH general meetings. |

| |
|---|
| 5. Please identify the number of members you have in your organization: _____ |
|---|



6. What are your 3 priority goals for your association?

7. Are you an umbrella organization in your country?

No. Please go to item 9.

Yes. Please identify the name and the number of regional and local organizations that are part of you: _____

8. Please state the nature of your organization:

Organization **of** Hard of Hearing people

Organization **for** Hard of Hearing people

Organization both **of** and **for** Hard of Hearing people.

9. Do you have paid staff?

Yes. How many hours/week does your paid staff work? _____

No. We carry out the work for our members on a purely voluntary basis.

10. Please, identify the key aims and objectives of your organization (you can attach further information): _____

11. Please, attach your organization's constitution and/or bylaws.

Yes, attached with this application

No. Explain why: _____

12. Please, confirm your ability and willingness to pay EFHOH membership fees (in Euros) and underline the amount you will pay:

- Yes, we will pay the yearly subscription fee upon presentation of an invoice.
- € 80 (fewer than 1.000 members)
- € 165(1.000 – 4.999 members)
- € 275 (5.000 – 9.999 members)
- € 440 (10.000 – 15.000 members)
- € 600 (more than 15.000 members)
- No. Explain why: _____

13. Please, confirm your willingness to abide by the aims and objectives of EFHOH:

- Yes.
- No. Explain why: _____

14. Place and date:

Name of the Signing Authority and Signature*

Place and date

Name of the Witness and Signature*

* Signature not required if this form is returned by e-mail

Thank you for your application. Please return this form either to:

Attn: General Secretary
Aïda Regel Poulsen
secretary@efhoh.org

EFHOH
Attn: General Secretary Aïda Regel
Poulsen
c/o Action on Hearing Loss
19-23 Featherstone Street
London EC1Y 8SL
United Kingdom
office@efhoh.org
www.efhoh.org

If you wish to have information about membership of IFHOH, please contact:
generalsecretary@ifhoh.org