



## Membership Application Form

**Organisation full name:**

We apply as:

Full Member

Associate Member

We are a non-profit organization:  Yes  No

President (Name/Surname):

Country:

Address:

Postal code:

City:

Telephone:

E-mail :

Website:

**Contact person for NF Patients United:**

Name \_\_\_\_\_ Surname \_\_\_\_\_

E-mail \_\_\_\_\_

Telephone \_\_\_\_\_

Address (if different from the main office) \_\_\_\_\_

**Board members:**

number of members \_\_\_\_\_ annual budget in Euro \_\_\_\_\_

year of creation \_\_\_\_\_

board of directors (number of board members) \_\_\_\_\_

number of board members who are patients or relatives of patients \_\_\_\_\_

**Date:**

**Signature:**

*Info: Until revoked your membership is automatically extended by a further year, unless NFPU has received a written notice of termination.*

**Please attach the following documents to your application:**

1. A short description of your organisation's main activities and goals
2. Statutes/ By-laws of your organisation
3. List of your board of directors  
(indicating for each person, if he/ she is a patient or a family member)
4. Most recent Annual Report (including the financial statement)
5. Publications and/ or educational materials (if available)

Please return this form and all the necessary documents to:  
NFPU-president - Claas Röhl  
[claas.roehl@nf-patients.eu](mailto:claas.roehl@nf-patients.eu)

**Membership Fees:**

(State: 2019)

<b>Annual Income of your national organisation</b>	<b>Annual NFPU Membership Fee</b>
Less than 10.000 Euro	€ 25,00
Between 10.000 and 49.999 Euro	€ 75,00
Between 50.000 and 199.999 Euro	€ 200,00
Between 200.000 and 499.999 Euro	€ 600,00
500.000 euro and more	€ 1.250,00

Please transfer the fee due to your annual income to the following account, quoting your organisation on the form under the heading "purpose of payment":

NF Patients United  
IBAN AT13 2011 1839 6900 1500  
BIC GIBAATWWXXX