

MEMBERSHIP APPLICATION FORM

Section 1 Name and contact details

Full name of Organisation		
Abbreviation of Organisation's name		
Translation of name of organisation in English		
Aims of the organisation (in brief)		
Organisation Address Telephone Number Email address Website Facebook page Twitter Instagram LinkedIn		
Contact for application Name Function Address Telephone Number Email address		

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Section 2 - Application

Type of membership	Full/Affiliate (delete as required)	Note 1
Are you an officially recognised Organisation?	Please attach a copy of official recognition and label it "B"	Note 1
Is your organisation a family organisation? Please describe how family members are involved.		Note 1
Charter of foundation or the statutes of the applying association	Please attach a copy in English and label it "A"	Note 2
Attach a list of board or committee members	Please attach a copy and mark which members are family members. Label it "C"	Note 3

Section 3 - Full membership

Go to section 4 if you are applying for Affiliate membership

Why do you wish to join EUFAMI? (what can you offer and what do you expect from EUFAMI)		Note 3
Supply a general description of the structure, the size and the method of working of the organisation.	Please attach and label it "D"	Note 3
Name of proposed delegate to the General Meeting		Note 4
Is the delegate a family member?		Note 4

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Section 4 Affiliate membership

Why do you wish to join EUFAMI? (what can you offer and what do you expect from EUFAMI)		
Name of Proposed delegate / observer to the General meeting		Note 4
How are you active in the mental health care sector? (Please, provide an independent confirmation label it "E")		Note 5

Section 5 Other information

Do you have members? If yes, how many?		
From where do you operate? Own office/shared office/home		
How many members of staff / volunteers do you have? Function?		
Where do you get your money from? Membership fees Grants (pharmaceutical or other, which ones) Private donations Governmental grants Other		
How are you pursuing aims in line with those of EUFAMI?		Note 5

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Section 6 - Declaration (Note 6)

On behalf of the above organisation, we apply for membership of EUFAMI.

We accept the Statutes and the Internal Working Regulations of EUFAMI (Note 7)

We agree that we will pay the annual subscription to EUFAMI and pay the expenses of our delegate to attend the General Meetings as appropriate. (Note 8)

Signature 1		
Chairperson or deputy Name		
Signature 2		
Name Title		

Send completed forms via e-mail to Ms Dimitra Stefanopoulos, EUFAMI Administration & Communications Officer at project.admin.office@eufami.org

Please check that you have included the following with your Application Form

- A A copy in English of the charter of foundation or the statutes of the applying association
- B A copy of official national or regional recognition
- C A list of board or committee members, marking which members are family members.
- D (Full membership only) A general description of the structure, the size and the method of working of the organisation.
- E (Affiliate membership only). Independent confirmation that you are active in the mental health care sector and that your aims are compatible with those of EUFAMI

NOTES ON APPLICATION FOR MEMBERSHIP

Based on the EUFAMI statutes (S) and Internal Administrative Regulations (IAR)

Note 1 (S§6 S§7)

Individuals can not join as a member.

The association consists of two membership categories

- Full members (with voting rights)
- Affiliate members (with no voting rights)

An organisation can join

1. As a Full member: A full member is any officially recognised association of family members of people with mental illness from any country within the European region as per the World Health Organization definition of Europe, be they national or regional. Each full member shall have one vote at all General Meetings and Extraordinary General Meetings.

2. As an Affiliated member: An Affiliated member is any mental health care organisation and body as shall be accepted by the Board of Directors of the European Federation and ratified by the General Meeting.

Note 2 (S§8)

Applications for membership must be sent to EUFAMI for the attention of the Secretary of the Board of Directors in the form prescribed by the internal regulations, and be accompanied by the Memorandum and Articles of Association of the association or body by which such application is made.

Note 3 (IAR§3)

Applications for Full membership have to be accompanied by a general description of the structure, the size and activities of the association. The application has to explicitly mention the reason for the application.

Note 4 (S§12)

The applicant should send the name of the possible delegate to EUFAMI. Members must strive to appoint as many family members of mentally ill people as possible. The name of the delegate will be confirmed by the new member when membership is confirmed.

Note 5 (IAR§3)

Please provide an official declaration proving that the organisation or institution which is making the application is active in the field of mental health care and pursues goals which are not inconsistent with the objectives of EUFAMI (as outlined in article 3 of

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the Internal Administrative Regulations).

Note 6 (IAR§3)

EUFAMI must receive a written application, signed by two official people having authorisation from their organisation, to be addressed to the chairperson of EUFAMI. This letter has to be signed personally, not 'on behalf of', by at least two official people having mandates on behalf of the applying association, of which at least one has to be the chairperson or the substitute of the chairperson.

Note 7 (S§3,4)

These include the "Statement of Principles" and "Objectives" of EUFAMI (S§3,4).

Note 8 (IAR§5-7)

The applicant must agree to pay the annual membership contribution and the expenses regarding the participation of its delegate in the meetings of the General Meeting. The right to vote is suspended if the membership contribution is not paid in time (at the end of March of each calendar year at the latest).