

APPLICATION FOR MEMBERSHIP

Name of Applying Organisation

Name and title of Responsible Person.....

Address for communications

Tel:

Fax:

Email: Website:

Registered address:

Type of Organisation (e.g. national patient organisation, foundation, etc.) Please give brief details

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Aims (brief description):

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Names and titles of Board members

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Year in which organisation was:

Formed:

Registered:

Other affiliations/memberships:

On behalf of the above organisation, I apply for membership of Dystonia Europe.

Name:

Signature:

Date:

Please attach also:

- a copy of the Statutes (Constitution) translated to English
- most recent 2 years' annual accounts, independently audited
- and a copy of the legal registration document of your organisation

Please send the application and supporting papers by email to:

sec@dystonia-europe.org

Monika Benson, Executive Director
Dystonia Europe
Square de Meeus 37, 4th Floor, B-1000 Brussels