**Application for membership**

1. **Your organisation**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of applying organisation | |  | |
| Legal registration number | |  | |
| Registered address | |  | |
|  | |  | |
| Correspondence address (if different) | |  | |
|  | |  | |
| Phone number | |  | |
| Website | |  | |
| Twitter name  (please follow us @StrokeEurope) | |  | |
| Latest income (Year 20 ) | Currency: | | Amount: |

|  |
| --- |
| Type of organisation: (Federation of groups in Europe, pan-European organisation of individuals, national organisation for disease with small numbers of patients, etc. Please give brief details) |
|  |
| Description and aims of organisation: (brief description, no more than 50 words) |
|  |
| Names and titles of board members |
|  |

1. **Which membership are you applying for?**

Full membership

Associate membership

1. **To show your organisation meets membership criteria, please complete the following:**

|  |  |
| --- | --- |
| We are a voluntary organisation | Yes/No |
| Voluntary organisation – *an independent, self-governing body of people who have joined together voluntarily to take action for the benefit of the stroke community. It may employ paid staff or volunteers, and must be established to benefit the public, not specific individuals.* | |
| Our work covers stroke issues in the country we are registered | Yes/No |
| We are properly constituted having been formed and organised in a correct and legal way. | Yes/No |
| Our aims, objectives and methods of governance are written down in a publically available document | Yes/No |
| Our organisation holds a bank account in the name of the organisation (not that of an individual) | Yes/No |
| Please confirm if your organisation has been subject to any financial/legal or other such investigations in the past 12 months | Yes/No |

1. **Contact information (including at least one English speaker)**

|  |  |
| --- | --- |
| Name (Senior contact) |  |
| Job title |  |
| Email address |  |
| Phone number |  |

|  |  |
| --- | --- |
| Name (2nd Senior contact) |  |
| Job title |  |
| Email address |  |
| Phone number |  |

|  |
| --- |
|  |
| 1. **Additional required information**   Along with this agreement, I have sent:  A copy of our Statutes (Articles of Association/Constitution) in English  The legal registration document of your organisation  A copy of our latest published accounts, advising the turnover in English. |

1. **Your authorisation**

I am authorised to sign on behalf of the above organisation

|  |  |
| --- | --- |
| I am authorised to apply for membership on behalf of my organisation. | |
| Date: …………………………...  Title: …………………………... | Name: …………………………………............................  Signature: ……………………………............................ |

**Thank you for your application.   
Please send all your information to** [**info@safestroke.eu**](mailto:info@safestroke.eu)