



# EAMDA Membership application form

Please complete this form and return it to:

European Alliance of Neuromuscular  
Disorders Associations (EAMDA)

Linhartova 1, SI-1000 Ljubljana, SLOVENIA  
Phone: +40740643296  
Email: [secretariat@eamda.eu](mailto:secretariat@eamda.eu)

Notes:

- This form can be emailed or posted to us, together with the required supporting documents;
- Correspondence with you will mainly be by email. Please ensure that your email address is clearly legible;
- All sections of this form must be completed in English.

Please complete all fields to avoid any delay in processing your application.

## Section 1 – Basic contact information

### A) Association details

Name in English															
Native name <sup>1</sup>															
Identification number <sup>2</sup>															
Legal representative <sup>3</sup>		Position													
Address															
Postcode		City/town													
COUNTRY															
Phone number		Country code		Area/City code		Number									
Mobile number		Country code		Area/City code		Number									
Email address (please print very clearly)															

<sup>1</sup> Name of your association in your native language.

<sup>2</sup> Identification number of your Association obtained by your local authorities.

<sup>3</sup> Name and family name of the person who officially represent your organization. State also his/her title (Mr., Ms., Dr.,...).

B) Contact person details – person responsible for communication with EAMDA						
<b>Title</b>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/>				<b>Other</b> (please specify)	
<b>Name &amp; Family name</b>					<b>Position</b>	
<b>Address</b> (if different than above)						
<b>Postcode</b>			<b>City/town</b>			
<b>COUNTRY</b>						
<b>Phone number</b>	Country code		Area/City code		Number	
<b>Mobile number</b>	Country code		Area/City code		Number	
<b>Email address</b> (please print very clearly)						
Correspondence with you will mainly be by email. Please ensure that your email address is clearly legible.						

<b>Which address you would like correspondence from the EAMDA to be sent to?</b>	Association <input type="checkbox"/>	Contact person <input type="checkbox"/>
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## Section 2 – Membership

A) Membership information			
<b>We are applying as a</b>	Member <input type="checkbox"/>	Associate member <input type="checkbox"/>	
<b>We are applying for</b>	Full membership fee <input type="checkbox"/>	Reduced membership fee <input type="checkbox"/>	Exemption from membership fee <input type="checkbox"/>
<small>According to the EAMDA statute all member associations are obliged to pay annual membership fee by March 30th for an amount which has been set by the EAMDA General Meeting. In 2011 the amount for the annual membership fee has been agreed on the 40<sup>th</sup> EAMDA AGM in amount of 1.000,00 EUR and reduced membership fee in amount of 400,00 EUR. Exemption from the membership fee should be clarified in a separate application and sent to EAMDA executive committee for a decision. The same applies for the reduced membership fee.</small>			

B) Payment details			
<input type="checkbox"/>	<b>Bank transfer</b>	Please enter the total amount of Bank transfer. A remittance advice MUST accompany this form as proof of your payment.	
<b>Account holder's name in English</b>	European Alliance of Neuromuscular Disorders Associations (EAMDA)	<b>IBAN</b>	SI56020110262111086
<b>Account holder's name in Slovene</b>	Evropsko združenje društev distrofikov (EAMDA)	<b>SWIFT (BIC)</b>	LJBASI2X
<b>Registration number</b>	4092066000	<b>Bank name</b>	Nova Ljubljanska banka d.d., Ljubljana
<b>VAT number</b>	SI64611400	<b>Bank address</b>	Test2 SI-1520 Ljubljana
<b>Please enter Bank transfer payment reference. Your reference should use the format: EAMDA Annual membership fee &lt;year&gt;</b>			<b>Eg: EAMDA Annual membership fee 2020</b>

<b>Name</b>		<b>Signature</b>		<b>Date</b>	
<b>The total fee we are paying is</b>					<b>€</b>

### Data protection

I understand and consent to the information provided on this form being processed by the EAMDA for its sole use for the purpose of admission new Neuromuscular disorders associations to EAMDA. I also understand that data provided will not be shared to any third-party organization or individual.

### Agreement on the new statute adopted

According to the registration process, coordinated by the Administration office in Ljubljana, EAMDA had to update the statute. Pursuant to Article 8(3) of the Societies Act – ZDru-1 (Official Gazette of the Republic of Slovenia No. 64/2011-UPB2), the Assembly comprising the members of the European Alliance of Neuromuscular Disorders Associations at its founding general meeting held on 22 April 2016 adopted, and subsequently at its correspondence meeting held on 31 August 2016 amended in line with the legislation of the Republic of Slovenia, the new EAMDA statute. I understand and consent with the purposes, goals and tasks of EAMDA stated in the new statute. The statute is available for download on EAMDA web page [www.eamda.eu](http://www.eamda.eu)

### Information on obtained legal entity of EAMDA

I aware that EAMDA obtained legal entity on 14.9.2016 after several years of bureaucracy processes taken in with different European countries. According to the European law regulations EAMDA has been reestablished with headquarter in Ljubljana.

Sincerely,

Arabela Acalinei  
President



Tomislav Goll  
Secretary General

