

Application for Membership

1	Name of the organization (in your spoken language):
2	Name of the organization (in English):
3	<p>Contact information:</p> <p>Postal mailing address:</p> <p>Phone:</p> <p>Fax, Text:</p> <p>Mobile phone:</p> <p>E-mail:</p> <p>Website:</p> <p>Contact person(s) and title(s):</p>
4	<p>Please identify the appropriate category for your organization:</p> <p><input type="checkbox"/> General Membership (a national organization for people who are hard of hearing)</p> <p>General Members shall mean the national organizations in European countries consisting of and/or intended for persons who are hard of hearing and persons who have become deaf, which develop activities on a non---commercial basis in the interest of persons with hearing difficulties. Such organization shall have a national charter with statutes not in conflict with those of EFHOH, giving evidence of national scope of membership, operating in at least one of the languages of its country, and whose country is recognized as such an entity by the European Union. General members have voting rights at EFHOH general meetings.</p> <p><input type="checkbox"/> Associate Membership (regional or other type of organization)</p> <p>Associate Members means European, regional or national organizations which pursue largely the same objectives as those of this association, and do NOT belong to a national organization already affiliated with EFHOH. Associate members have no voting rights at EFHOH general meetings.</p>
5	Please state the number of members you have in your organization:

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6	List 3 priority goals for your association: 1. 2. 3.
7	Are you an umbrella organization in your country? <input type="checkbox"/> No. Please go to item 9. <input type="checkbox"/> Yes. Please identify the name and the number of regional and local organizations that are part of you:
8	Please state the nature of your organization: <input type="checkbox"/> Organization of Hard of Hearing people <input type="checkbox"/> Organization for Hard of Hearing people <input type="checkbox"/> Organization both of and for Hard of Hearing people <input type="checkbox"/> Other /describe:
9	Do you have paid staff? <input type="checkbox"/> Yes. How many hours/weeks does your paid staff work? <input type="checkbox"/> No. We carry out the work for our members on a voluntary basis.
10	Please, identify the key aims and objectives of your organization (you can attach further information):
11	Please, attach your organization's constitution and/or by-laws. <input type="checkbox"/> Yes, attached with this application <input type="checkbox"/> No. Explain why:
12	Please, confirm your ability and willingness to pay EFHOH membership fees (in Euros) and check the box of the amount that you will pay: General Membership <input type="checkbox"/> € 88 (fewer than 1.000 members) <input type="checkbox"/> € 181(1.000 – 4.999 members) <input type="checkbox"/> € 303 (5.000 – 9.999 members) <input type="checkbox"/> € 484 (10.000 – 15.000 members) <input type="checkbox"/> € 660 (more than 15.000 members) Associate Membership <input type="checkbox"/> € 149

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13	Please, confirm your willingness to abide by the aims and objectives of EFHOH:
	<input type="checkbox"/> Yes.
	<input type="checkbox"/> No. Explain why:

Place and date:

Name of the Signing Authority and Signature*

Place and date:

Name of the Witness and Signature*

*Signature not required if this form is returned by e-mail

Please return this form to:

General Secretary Aida Regel Poulsen: secretary@efhoh.org or
office@efhoh.org

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If you are interested in becoming a member of IFHOH, please contact:
generalsecretary@ifhoh.org

Thank you for your application.

<https://www.efhoh.org>