

MEMBERSHIP APPLICATION FORM



Please mail or fax the membership application form to:
Tassilo Korab, HCPC-Europe
Fax: +43 1 890 34 45 05, E-Mail: hcpc-europe@tkm.co.at

MEMBERSHIP CLASS ¹⁾ (Please Tick ✓) Full Associate Individual
ANNUAL MEMBERSHIP FEE EUR 2.500,- EUR 2.500,- EUR 200,-

ORGANIZATION

(Site) Name ²⁾ _____
Site address _____
Telephone _____
Fax _____
E-Mail _____

PRIMARY CONTACT

Name _____
Position _____
Telephone _____
E-Mail _____

PROXY ³⁾

Name _____
Position _____
Telephone _____
E-Mail _____

Please describe your main motivation for joining HCPC-EUROPE:

In what areas do you feel you are able to make a special contribution to furthering the goals of HCPC-EUROPE?

I confirm that I have read and agree to be bound by the By-Laws of HCPC-EUROPE.

Signed

Date

Thank you for your interest in membership of HCPC-EUROPE. You will hear from us within 4 weeks and subject to board approval of your application, we very much look forward to your active participation in our organisation.

Notes:

- 1) Please refer to the By-Laws for complete details of the 3 membership classes.
- 2) Different sites of the same organisation can each have full membership.
- 3) The role of Proxy is important, as we wish that the activities of HCPC-EUROPE can continue fully even with the temporary absence of a primary contact.