

MEMBERSHIP APPLICATION FORM



Please mail or fax the membership application form to:
Ger Standhardt, HCPC Europe
E-mail: g.standhardt@nvc.nl, fax: +31-(0)182-512769

MEMBERSHIP CLASS ¹ (Please select)	<input type="checkbox"/> Full	<input type="checkbox"/> Associate	<input type="checkbox"/> Individual
ANNUAL MEMBERSHIP FEE	€2500	€2500	€200

ORGANISATION

(Site) Name ² _____
Address _____
Telephone _____
Fax (optional) _____
E-mail _____

PRIMARY CONTACT

Name _____
Position _____
Telephone _____
E-mail _____

PROXY ³

Name _____
Position _____
Telephone _____
E-mail _____

Please describe your 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.

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.