



Eurocare Membership Application Form

PART 1: Candidate Organisation's Details

ABOUT THE ORGANISATION					
Full Name in Original Language					
Full Name in English					
Acronym (If Relevant)					
Type of Organisation / Legal Form					
Organisation Registration Number					
Registered Address					
Country		City		Postcode	
City					
Postcode					
V.A.T. Number					
Website					
LEGALLY REPRESENTED BY:					
Name					
Job title					
E-mail address					
MAIN CONTACT PERSON					
Name					
Job title					
E-mail address					
CONTACT PERSON FOR FINANCES (E.G. MEMBERSHIP FEE):					
Name					





Job title	
E-mail address	

PART 2: Membership Fees

As a member of Eurocare, one of your contributions will be an annual membership fee that will be invoiced for payment at the beginning of each calendar year. For 2025, the minimum annual membership fee amounts to **€700** euros for full members. Annual membership fees are negotiated on an individual yearly basis in close cooperation with the Eurocare Board.

PART 3: Candidate Organisation's Description and Focus

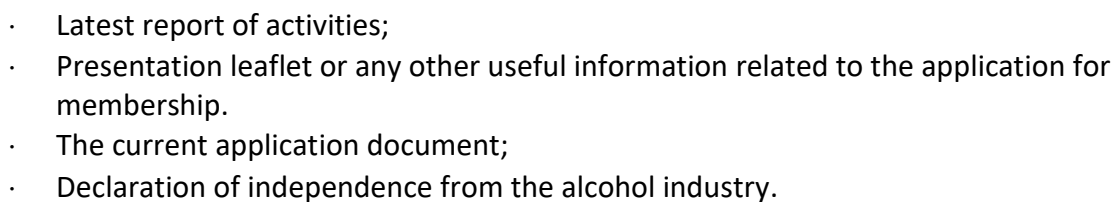
ORGANISATION'S FOCUS AND INTERESTS	
Description of your organisation (including year of establishment, main area of work and geographical coverage)	
Objectives and aims	
Structure (including membership and decision-making process)	
Main activities	
Articles or publications	
Any other relevant information	

My organisation would like to become a member of the European Alcohol Policy Alliance (Eurocare).

As requested, I am sending attached a copy of the following documents:

- Statutes of my organisation and formal recognition by national authorities;





Date _____ **Signature** _____

