

Membership Application Form

As of 7 December 2022
To be submitted to secretariat@ihe-europe.net

I, the undersigned, the duly authorised representative of [legal entity: registered or principal business address] Click or tap to enter text.

hereby apply for and on behalf of [legal entity name] Click or tap to enter text. to become Member of IHE-Europe:

1. Organisation Information

Legal entity name Click or tap to enter text.

Address Click or tap to enter text.

City Click or tap to enter text.

Postal code Click or tap to enter text.

Country Click or tap to enter text.

Website Click or tap to enter text.

B. Membership category and fee
Note that 21% VAT will be added to the fees where applicable.

[ ]  **Active Member**

Application as Active Member in one of the following categories applying to our organisation at the date of signature:

[ ]  National Deployment Initiative – € 4100 (incl. IHE International fee)

[ ]  Vendor Associations – € 4100

[ ]  Large Vendors (>2500 FTE) – € 4500

[ ]  Mid-Sized Vendor (250-2500 FTE) – € 2300

[ ]  Small Vendors (<250 FTE) – €1100

[ ]  User Organisation – € 600

[ ]  Competence Center – € 600

[ ]  Government Agency – € 2500

[ ]  Benefactor\* – € 0

\*The category “benefactor” is applicable only for non-profit associations according to the statutes. Benefactors will provide in-kind services or pro-bono services or use of assets (please specify): Click or tap to enter text.

 [ ]  **Associate Member**

The category of Associate Member is aimed at all members who do not pay membership fees and have limited attendance and voting rights as defined in the Statutes, ART. 7.

C. Representative contact information

For organisations other than National Deployment Initiatives:

Provided our membership application is accepted, we nominate the following person as the representative of our organisation in the IHE-Europe Steering Committee:

Name\* Click or tap to enter text.

Title\* Click or tap to enter text.

Address\* Click or tap to enter text.

Postal code\* Click or tap to enter text.

City\* Click or tap to enter text.

Country\* Click or tap to enter text.

E-mail address\* Click or tap to enter text.

Phone number \* Click or tap to enter text.

Mobile number \* Click or tap to enter text.

For National Deployment Committees:

Provided our membership application is accepted, our National Deployment Committee will be represented in the IHE-Europe Steering Committee by our User and Vendor Co-Chairs.
Our current co-chairs are:

**User Co-Chair:**

Name\* Click or tap to enter text.

Title\* Click or tap to enter text.

E-mail address\* Click or tap to enter text.

Phone number \* Click or tap to enter text.

Mobile number \*Click or tap to enter text.

**Vendor Co-Chair:**

Name\* Click or tap to enter text.

Title\* Click or tap to enter text.

E-mail address\* Click or tap to enter text.

Phone number \* Click or tap to enter text.

Mobile number \*Click or tap to enter text.

D. IHE-Europe Committees

Provided our membership application is accepted, we are interested in nominating a representative for the following Committees:

[ ]  EU Affairs Committee
[ ]  Marketing & Communications (MarCom) Committee

[ ]  Tools & Testing Strategy (T²S) Committee

[ ]  I agree to the policies of IHE-Europe according to the Statutes, the Internal Rules and their complementary documents as provided at the IHE-Europe website.

I herewith confirm that Click or tap to enter text. [legal entity] is already an IHE International member as required by the IHE-Europe Statutes.

It is expressly understood and agreed that Click or tap to enter text[legal entity] and any of its representatives shall at any moment act in accordance with the latest version of the IHE-Europe statutes, the Internal Rules and its Annexes and related documents. Additional questions can be addressed to the secretariat (secretariat@ihe-europe.net).

Signature:

Name: Click or tap to enter text.

Date and place: Click or tap to enter text.