



MEMBERSHIP APPLICATION FORM

PAIN ALLIANCE EUROPE

Rue de Londres 18

1050 Brussels

Belgium

info@pae-eu.eu

www.pae-eu.eu

AISBL: 0843.498.142

We are delighted that you are interested in joining Pain Alliance Europe (PAE).

Becoming a PAE Member means that you will be invited to participate in activities related to improving the lives of those affected by chronic pain. This includes attendance to Annual General Meetings. Membership will enable you to network with other organizations sharing similar objectives. As a PAE member, you will have the opportunity to contribute to PAE policy making at a European level.

We look forward to receiving your application form.

For further details about how to apply, please see below:

Guide to application process

Please complete the form below in Word and email it with supporting documents to info@pae-eu.eu.

PAE will confirm receipt of your application. Please enclose supporting documents.

Following receipt of all documents your application will be sent to the PAE Board, and assessed according to the PAE's Statutes & Bylaws.

a. Details of your Organization

Organization Name:	
Disease area:	
Year Established:	
Number of Staff:	
Number of Volunteers:	
General Email Address:	
Website:	
Postal Address:	
Telephone Number:	
Aims/Mission of your organization. Please let us know in no more than 100 words, about the work of your organization. Please ensure that you include either a web address or an email contact, if you would like to share this information via the web).	

Is your organization a National umbrella organization or a European umbrella organization? If yes, please state which	
For National umbrella organizations, how many members do you have? If you are a European umbrella organization how many countries are represented?	
Approximately how many individual patients are members of your organization ?	

b. Contact details

Name:	
Position:	
Direct Email Address	
Direct Telephone	
Address	

c. Type of Membership for your Organization

PAE has two categories of membership: Ordinary Members and Associate Members.

- Ordinary Members are involved in the voting process in any General Assembly.
- Associate members have no voting right.

Please tick which type of membership you are applying for:

- i. Ordinary Member
- ii. Associate Member

If you are applying for Ordinary Membership, please complete section c i. If you are applying for Associate Membership, please go to section c ii.

i. Ordinary Membership

To become an ordinary member your organization must fulfill the criteria below.

Please tick all boxes that apply to show that your organization is eligible to be an ordinary member.

An ordinary member:

Must be non profit and non-governmental.

Must have a legal status appropriate to its country of origin, with a written constitution.

Please send a copy of your governing document and your legal registration certificate with your completed application form.

The organization should state how it can assist PAE in achieving its aims

The organization is patient based.

ii. Associate Membership

PAE Associate Members must be pain-related organizations who are not eligible to become PAE Ordinary Members, yet who meet the criteria below. **Please tick all boxes that apply** to show that your organization is eligible to be an

Associate Member:

Must be non-profit and non-governmental.

Must have a legal status appropriate to its country of origin, with a written constitution and/or by-laws.

Please send a copy of your governing document and your legal registration certificate your completed application form.

The organization should state how it can assist PAE in achieving its aims. The organization may be a multi-stakeholder umbrella coalition or alliance.

D. Check list

We would be grateful if you could ensure that you include the following supporting documents in your application.

Your Legal registration certificate

Your written constitution. Please include a summary in English of how your governing board is elected

For umbrella organizations or networks, a full list of member organizations

I confirm that the information above is accurate, and that my organization is eligible to be an Ordinary or Associate Member as defined above, and is committed to furthering the work of Pain Alliance Europe to achieve improvement in the lives of those affected by chronic pain.

Signed: _____

Date: _____

Name and Position: _____