

**Annex 3:**  
**EUD APPLICATION FORM FOR ASSOCIATE MEMBERSHIP**

***ART 3. Section 4 of EUD statutes:***

*Any European organisation, which does not meet the given definition of a national organisation of the Deaf, as stated in Article 3, Sections 2 and 3 of EUD Statutes, but desires to support the aims of the EUD, may be admitted to the Associate Membership category.*

*In addition, Associate Membership shall be open to the following organisations:*

- a) National organisations working on behalf of Deaf people within the European Union that are not Full Members of the World Federation of the Deaf, and*
- b) Regional and local organisations working on behalf of Deaf people within the European Union.*

**Please complete all of the following:**

We \_\_\_\_\_ would like to become an ASSOCIATE Member of the EUD.  
(Organisation Name)

- ✓ We understand that our application is subject to approval by the Board and ratification by the General Assembly of EUD.
- ✓ We give on the next page of this application form the reasons for our interest in membership, and a short summary of our work with Deaf people.
- ✓ We also understand that our application must be accompanied by a letter of support from the EUD Full Member in our country. (NOTE: If you need the name and contact of the EUD Full Member in your country, please contact the EUD Secretariat in Brussels at the address above.)

If this application is accepted, we agree to pay the membership fee fixed for Associate Members, which is currently 200 €annually.

**\* PLEASE DO NOT SEND PAYMENT WITH THIS APPLICATION FORM. YOU WILL BE SENT AN INVOICE IF YOUR MEMBERSHIP IS APPROVED BY THE BOARD OF EUD.**

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***We confirm having read the EUD Statutes and agree to respect them:***

\_\_\_\_\_  
Signature of person authorised to represent the organisation

\_\_\_\_\_  
Name of above person in block letters (printed)

\_\_\_\_\_  
Position in organisation (i.e. President? Secretary? etc.)

\_\_\_\_\_  
Place and Date

**PLEASE COMPLETE THE NEXT PAGES ALSO**

Organisation Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Country: \_\_\_\_\_

Telephone (TTY): \_\_\_\_\_

Telephone (Voice): \_\_\_\_\_

Fax: \_\_\_\_\_

Email/Web Page: \_\_\_\_\_

Reasons for interest in membership of the EUD (You may attach additional pages if necessary) :

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Summary of our work with Deaf people (You may attach additional pages if necessary) :

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Please attach:

1. A letter of support from EUD Full Member
2. A signed declaration for Associate Member (See Annex 6)
3. A copy of your organisation's **STATUTES/CONSTITUTION**

NOTE: All documents must be in English.