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| **APPLICATION FOR ORDINARY (SPECIALIST) MEMBERSHIP OF UEG****Name & Registration Details**

|  |  |
| --- | --- |
| Name of Organisation (Abbreviation if applicable) |  |
| The organisation is registered as a non-profit organisation |  Yes NoCity: Country: |
| Permanent Office (if applicable)Contact Details | Name of Contact Person: Position / Relation to Organisation: Address: ZIP Code / City: CountryTel: Fax: E-mail:  |
| Website (if applicable) |  |

**Structure & Membership**

|  |  |
| --- | --- |
| Types of membership  |  |
| Current number of members (of each type) |  |
| Geographical distribution of members |  |
| Regulation of membership fees (if applicable) |  |
| Voting rights of members |  |
| Main sources of income of your organisation |  |
| Membership to other associations / groups |  |

**Mandatory attachments to be handed in together with completed application form*** A copy of the society’s statutes (in English) (which must include established method of election of officers)
* Composition of the Governing Board plus names and contact details of members

**Short written statement**To get a clearer picture on the working field of your society, we are asking for a brief description of your society in the form of a short written statement that includes answers to the following questions (max. 100 words)* What is your society’s mission and in what way does this accord with the mission of UEG?
* What is the reason for your society’s desire to liaise with UEG?
* In what way do you feel your society will address a new field of gastroenterology in UEG?
* In what way will your society be contributing to the advancement of European Gastroenterology?

Recognition of full membership benefits requires the payment of the annual membership fee.  |