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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 No  City:  Country: | | Permanent Office (if applicable)  Contact Details | Name of Contact Person:  Position / Relation to Organisation:  Address:  ZIP Code / City:  Country  Tel:  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. |