



## Membership Application form

### Applicant organisation's details (please type or print)

|   |                             |  |      |
|---|-----------------------------|--|------|
| Name of the organisation                |                             |  |      |
| Country                                 |                             |  |      |
| Contact person                          | Title (Mr, Ms, Mrs, Dr,...) |  |      |
|   | First name                  |  |      |
|   | Surname                     |  |      |
| Job title                               |                             |  |      |
| Address                                 | Street                      |  | Nr   |
|   | (continued)                 |  |      |
|   | Postcode                    |  | City |
| Telephone (incl. country dialling code) | +                           |  |      |
| Fax (incl. country dialling code)       | +                           |  |      |
| Email address                           | @                           |  |      |
| Website                                 | http://                     |  |      |

### Payment information (please type or print)

|  |                             |  |      |
|--|-----------------------------|--|------|
| Person to be invoiced                        | Title (Mr, Ms, Mrs, Dr,...) |  |      |
|  | First name                  |  |      |
|  | Surname                     |  |      |
| Invoice Address<br>(if different from above) | Street                      |  | Nr   |
|  | (continued)                 |  |      |
|  | Postcode                    |  | City |
| Telephone (incl. country dialling code)      | +                           |  |      |
| Fax (incl. country dialling code)            | +                           |  |      |
| Email address                                | @                           |  |      |



Membership questionnaire

|  |   |
|--|---|
| When was your organisation established?  |   |
| How would you describe your organisation?  | <input type="checkbox"/> Ministry<br>Health   Justice   other: _____<br><input type="checkbox"/> Other governmental institution<br>Health   Justice   other: _____<br><input type="checkbox"/> Sickness fund<br><input type="checkbox"/> Non-governmental organisation<br><input type="checkbox"/> Professional network: _____<br><input type="checkbox"/> Other: _____ |
| How would you describe your organisation's role in countering healthcare fraud/corruption in your country? |   |
| What are your major publications (newsletters, bulletins, electronic materials, etc.)                      |   |

|                        |   |
|------------------------|---|
| Category of membership | <input type="checkbox"/> A (€24,000)                |
|                        | <input type="checkbox"/> B (€12,000)                |
|                        | <input type="checkbox"/> C (€6,000)                 |
|                        | <input type="checkbox"/> Associate member (€ 2,500) |



### Declaration

I declare that all the information provided in this form is true and accurate to the best of my knowledge and belief. I confirm that I am legally authorised to sign this on behalf of the organisation named herein. I have no relevant matters to disclose to the European Healthcare Fraud and Corruption Network.

|                        |  |
|------------------------|--|
| Date                   |  |
| Place                  |  |
| Signature <sup>3</sup> |  |
| Name (please print)    |  |

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<sup>3</sup> Applications without a signature will not be processed