



EHFCN 2024 MEMBERSHIP POLICY

According to the EHFCN Articles of Association two types of membership are open to organisations and entities wishing to join EHFCN:

- **Corporate (full) membership** is open to entities which, in the judgement of the network, are committed to the pursuit of the aim, objective and general approach of the Network. Corporate membership falls into five categories of investment (Cat. A to E), which are linked to statutory representation in the Network as well as some entitlements according to categories.

Corporate members must have an identifiable core of responsibility and/or involvement relating to the countering of fraud, corruption and waste in healthcare systems and must be based in a European country which is a member of the Council of Europe.

Corporate membership may include:

- Corporate, private or governmental entities directing, managing, delivering or resourcing the provision of healthcare;
- Corporate, private or governmental entities with a specific role in countering healthcare fraud and corruption;
- Representative entities for those directly involved in the provision of healthcare;
- Representative entities of those directly involved in countering healthcare fraud and corruption.

New corporate members will commit to the Network for an initial period of two years.

- **Associate membership** is open to entities who are:
 - Not eligible for corporate membership yet who are committed to furthering the aims of the network (Cat. F).

Associate entities are not allowed to vote at the General Assembly but they can participate in all the events organized by the Network .

EHFCN's financial and membership year goes from 1st January to 31st December.

MEMBERSHIP FEES

The EHFCN membership is a fee system based on the principle that members' statutory representation in the Network is met by the degree of their investment.

Corporate membership		
Category	Fee / year	Entitlements
A	€ 6,000	<ul style="list-style-type: none"> • 4 delegates at the EHFCN General Assembly (GA) • Reimbursement of travel costs¹ to the GA meetings for 3 delegates • Free registration to the EHFCN Conference for up to 10 representatives • 60% reduction in fees to other EHFCN events -
B	€ 3,000	<ul style="list-style-type: none"> • 3 delegates at the EHFCN GA • Free registration to the EHFCN Conference for up to 6 representatives • 30% reduction in fees to other events -
C	€ 1,500	<ul style="list-style-type: none"> • 2 delegates at the EHFCN GA • Free registration to the EHFCN Conference for up to 4 representatives • 10% reduction to trainings, seminars and open houses
D	€1,000	<ul style="list-style-type: none"> • 1 delegate at the EHFCN GA • Free registration to the EHFCN Conference for one representative
E	€500	<ul style="list-style-type: none"> • 1 delegate at the EHFCN GA • "pay as you go" for all activities and events of the Network
Associate membership		
F	€625	<ul style="list-style-type: none"> ○ No representation at the EHFCN General Assembly ○ "pay as you go" for all activities and events of the Network

¹ according to EHFCN travel policy



How to RENEW MEMBERSHIP ?

Please fill in and send us back the **membership application form** available in annex. Please note the following:

- All requested information should be given; incomplete forms or forms without a signature will not be processed;
- Once the application is finalised, membership will be effective as from the month of January.

Please do not hesitate to contact the EHFCN Office at office@ehfcn.org for any questions or for help with the forms.

We look forward to receiving your application form and to welcoming you as an EHFCN member!

EHFCN Office



2024 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 (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 Health – Justice – other: _____ <input type="checkbox"/> Other governmental institution Health – Justice – other: _____ <input type="checkbox"/> Sickness fund <input type="checkbox"/> Non-governmental organisation <input type="checkbox"/> Professional network: _____ <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 (€6,000)
	<input type="checkbox"/> B (€3,000)
	<input type="checkbox"/> C (€1,500)
	<input type="checkbox"/> D (€1,000)
	<input type="checkbox"/> E (€500)
	<input type="checkbox"/> Associate member F (€625)



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 ²	
Name (please print)	

² Applications without a signature will not be processed