DETAILS OF THE APPLYING ORGANISATION

Please provide in both word (without signatures) and pdf format and return your application form by email to the General Secretary at: nikos.echo@gmail.com

Name of organisation
Full postal address of organisation
Tel N° Fax N°
Website
Email
Name and position of the person representing the organisation
Date: Signature:
Please state briefly why you are applying to full membership and how your organisation would like to contribute to the activities of the ENALMH Network A.I.S.B.L.

Describe your organisation

Objectives and aims

Activities (in case you are organizing a Festival please provide links with audiovisual material)

Please provide a copy of your statutes and your latest annual report.

I hereby declare on behalf of.....

(name of organisation) that, by becoming member of ENALMH Network A.I.S.B.L., my organisation will:

- Commit to N.N. aims and objectives (ENALMH Network A.I.S.B.L. Statute, Article 3)
- Fully respect and support human and social rights and equal opportunities for people with mental health problems in all the dimensions of our external and internal policies and activities as well as in our working practices
- Respect N.N. By-laws and working rules
- Accept all the financial obligations towards N.N. deriving from my membership
- Engage in disseminating official information coming from N.N. among my own members in my organisation

Not attempt to speak on behalf of N.N. or represent the Association unless specifically mandated by the relevant governing bodies in writing
Not use membership of N.N, for the promotion of private, commercial or political interests
I am also full aware that in case of violation of any of these rules, our membership could be revoked.
I declare that the information I have provided is accurate and complete
Place: Date:
Signature:
(person entitled to represent the candidate organisation or association)