Become a member

Membership application form

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| YOUR ORGANISATION | | | |
| Name of your organisation | Click or tap here to enter text. | | |
| Legal status | Click or tap here to enter text. | | |
| Registration number | Click or tap here to enter text. | | |
| Foundation Date | Click or tap to enter a date. | | |
| Name of legal representative | Click or tap here to enter text. | | |
| Full postal address | Click or tap here to enter text. | | |
| Country | Click or tap here to enter text. | | |
| Phone | Click or tap here to enter text. | | |
| Website | Click or tap here to enter text. | | |
| General e-mail address | Click or tap here to enter text. | | |
| Social media | Click or tap here to enter text. | | |
| Contact person at your organisation | | | |
| Name | Click or tap here to enter text. | | |
| Role | Click or tap here to enter text. | | |
| Phone | Click or tap here to enter text. | | |
| e-mail | Click or tap here to enter text. | | |
| Your members | | | |
| Number of members *(Formal associate members or paying members)* | | Click or tap here to enter text. | |
| Do you represent all SMA Types?  Yes  No  Tell us more about your members: Click or tap here to enter text. | | | |
| Your organisation’s structure | | | |
| How is your organisation structured? Is there an elected Board? Click or tap here to enter text. | | | |
| Number of Board members: | Click or tap here to enter text. | | |
| Number of Board members who are patients/family members: | | | Click or tap here to enter text. |
| Number of paid staff: | Click or tap here to enter text. | | |
| Number of volunteers: | Click or tap here to enter text. | | |
| Your organisation’s mission and activities | | | |
| Mission of your organisation: Click or tap here to enter text. | | | |
| Describe your current projects and activities: Click or tap here to enter text. | | | |
| Is your association a member of a National Alliance for Rare Diseases and/or any international organisations? If yes, please provide details. Click or tap here to enter text. | | | |
| Your organisation’s budget and funding | | | |
| Latest annual budget in € | Click or tap here to enter text. | | |
| How do you raise money for your association? (e.g. membership fees, fundraising, sponsors)  Click or tap here to enter text. | | | |
| Do you receive financial support from pharmaceutical companies?  Yes  No | | | |
| Indicate the % of your total revenue provided by pharmaceutical companies: Click or tap here to enter text. | | | |

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| SMA IN YOUR COUNTRY |
| How many people live with SMA in your country? Click or tap here to enter text. |
| How many SMA organisations are there in your country? If there are other SMA organisations, please describe how you mutually cooperate to represent the SMA community. Click or tap here to enter text. |

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| YOUR MEMBERSHIP APPLICATION |
| Before submitting your application, please review the important information provided in the next page. |
| You are applying for:  Full member  Associate member |

**The following documents must be sent with your application form:**

* Statutes of your organisation and most recent annual report, including financial statement.
* List of Board of Directors indicating who is a patient/family member.
* A signed membership request letter, stating that your organisation is legally registered.

**Please send your completed application form and the supporting documents to secretariat@sma-europe.eu**

Become a member

Important information for membership applicants

Membership types

**Full members:** are national SMA organisations (or wider neuromuscular-muscular organisation) in Europe\*, that are legal entities according to the laws of their country. They have voting rights, can lead working groups and can be voted on to the Board.

**Associate members**: are national SMA organisations (or wider neuromuscular-muscular organisation) in Europe\*, that are legal entities according to the laws of their country. They have no voting rights, cannot be on the Board and cannot lead a working group.

*\* In exceptional cases, non-European SMA organisations may also become members*

Membership fees

Full membership: 2,000€\*\*

Associate membership fee: 0€

*\*\*full membership is possible with a reduced fee, depending on organisation’s income level*

Membership commitments

SMA Europe's members are required to sign a membership charter committing to:

* Promote SMA Europe and its actions.
* Respect SMA Europe's rules and regulations.
* Disseminate SMA Europe’s decisions to members of their organisation.
* Keep confidential SMA Europe’s discussions and working documents that are identified as such.
* Not to accept any money or gifts on behalf of SMA Europe, except for the reimbursement of expenses related to their participation in SMA Europe’s activities.

Additionally, each SMA Europe member organisation is required to designate no more than 3 persons - 2 delegates and one substitute - to represent their organisation at SMA Europe. Delegates should be appointed for a long term, with a minimum term of 2 years.

For any questions on SMA Europe’s membership, please contact us at secretariat@sma-europe.eu