

DIGICORE MEMBERSHIP APPLICATION

Instructions and Form

This Membership Application Form must be filled out in order to apply for Membership in DIGICORE-EEIG. Prior to filling out this form, please verify that you meet the requirements for Membership set forth in the DIGICORE-EEIG Statute, and that you agree to comply with the rules outlined thereof.

Submitting procedure

Please fill out the form (page 2-3 below), make a copy of the document and preserve it for your own records. The form must be signed and sent to: info@digicore-cancer.eu along with a copy of the Statute of your cancer centre/institute/organisation/company.

The application shall be evaluated for eligibility by the DIGICORE Board of Directors and approved by the DIGICORE General Assembly.

Full Members shall be admitted by unanimous decision of the DIGICORE General Assembly. Associate Members shall be admitted by simple majority of the DIGICORE General Assembly. The Legal Representative of the Applicant Institute shall be informed via a written communication within two weeks following the voting. Upon acceptance of the application, a membership fee request shall be issued and sent to the new Member (Full or Associate).

Types of Membership

Full Members: right to vote at the General Assembly and propose candidacies to the Board; unlimited joint liability for the debts of the Grouping and other liabilities of whatever nature.

Associate Members: no right to vote at the General Assembly and propose candidacies to the Board; no joint liability.

DIGICORE Membership Fees

Below are the fees applied for DIGICORE-EEIG Membership in compliance with the DIGICORE Statute and the DIGICORE-EEIG Internal Regulation. The membership fees shall be determined, reviewed and approved by the DIGICORE General Assembly, which may modify them annually.

Annual Membership Fee – regular fee payable annually upon admission to the Grouping.

	Full Membership <small>(Only for Applicants registered in a country of the European Union or EFTA/EEA)</small>	Associate Membership <small>(Only for Applicants registered in a country outside the EU and EFTA/EEA and applicants from EU that wish to be admitted as Associate Member)</small>
Annual Fee	€ 10,000.00	€ 5,000.00

All fees are to be paid solely in EUROS via bank transfer.
The DIGICORE bank references shall be included in the request of payment.

Queries and assistance

For any query or assistance on membership or any other matter concerning DIGICORE-EEIG, please contact:

info@digicore-cancer.eu

DIGICORE MEMBERSHIP APPLICATION FORM (Pag.1)

A. IDENTIFICATION AND CONTACT INFORMATION

NAME OF THE INSTITUTION in original language, and, if existing, in English:		
Legal Form:		
Type of Institution:		
<input type="checkbox"/> Private	<input type="checkbox"/> Public	
Legal Framework:		
- A public Institute operating as a legal entity with financial and administrative independence recognised by Law Decree no. (Specify) by the Ministry of Health (or if other entity please specify).		
- A private Institute/company/network operating as a legal entity with financial and administrative independence recognised by (eg. Prefecture)		
VAT No. (if applicable):		
Social Object:		
Legal Address:		
City:	ZIP Code:	Country:
URL address:		
LEGAL REPRESENTATIVE		
Title(Mr/Ms/Dr/Prof)	First Name	Last name
Position		
Phone		
Fax		
E-mail		
Address (if different from Institution address)		

DIGICORE MEMBERSHIP APPLICATION FORM (Pag.2)

DIRECTOR (if different from Legal Representative)		
Title (Mr/Ms/Dr/Prof):	First Name:	Surname:
Position (Scientific Director/Medical Director/CEO/Other):		
Phone:		
Fax:		
E-mail:		
Address (if different from Institution address):		

B. CHOICE OF TYPE OF MEMBERSHIP AND COMMITMENT OF INSTITUTION

1. I hereby confirm that my Institution has knowledge of the DIGICORE-EEIG Statutes and of the DIGICORE-EEIG Internal Regulation and that it accepts to comply with the provisions defined in these documents.
2. I hereby declare that my Institution intends to join the DIGICORE-EEIG as (select by ticking your choice):

<input type="checkbox"/> FULL MEMBER	<input type="checkbox"/> ASSOCIATE MEMBER
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3. I confirm that my Institution will pay the DIGICORE-EEIG yearly membership fee upon acceptance of this application.
4. I confirm that the information provided in this application may be published in part or in full by the DIGICORE-EEIG, without preliminary approval from my Institution, on any of the communication means used by DIGICORE-EEIG, including the DIGICORE website.
5. I understand that this Application for Membership to DIGICORE-EEIG shall remain valid for 12 months following its date of submission. Should DIGICORE-EEIG fail to notify its decision regarding this Application within that period, my Institution may consider it as null and void.
6. I attach to this Application the Statute of the Institution.
7. I declare that I rightfully represent my Institution for the present purpose of joining the DIGICORE-EEIG.

Place and date	Name of the Legal Representative and Signature
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