



European Dyslexia Association

Application for membership

You can fill out this form on your computer. Just click in the separate fields to type or check an option.
When done, *save the document and send it as an attachment. Instructions on last page!*

Name of your Association:

Legal address of your Association:

Tel:

Fax:

E-mail:

Is your Association:

(Check as appropriate)

the national dyslexia association of your country?

a regional dyslexia association?

a local dyslexia association?

an organisation concerned with dyslexia?

What are your Association's principal aims?

Under what Law of your country has your Association been created?

How is your Association described?

'a Charity'

'a limited company'

'an association'

'a non-profit organisation'

Enter 'Charity' or other registered No. :

What date was your Association legally established?

What kind of events does your Association organise?

For what category of Membership are you applying?

- Effective Membership
- Adherent Membership

An Effective Member is entitled to vote but your Association must be an Association of parents and/or adults affected by dyslexia and be a non-commercial, non-profit voluntarily-run association. At least 50% of the Association's Board must be adults with dyslexia or parents of children under 18 with dyslexia.

An Adherent Member does not have a vote under the Statutes and Bye-laws but may speak at meetings and will receive the same information as Effective Members. (This category of membership will include schools, university departments and other organisations whose directors or controlling management receive payment for work done for their organisation)

The decision of which category is accepted for Membership rests with the EDA Board whose decision shall be final.

Please give the names and addresses of your Association's Officers:

You MUST state whether or not they are dyslexic (D) or the parent of a dyslexic (PD). Our Bye-Laws require that a majority of the Board must be one of these categories.

President (if any)				D	PD
Name:					
Address:					
E-mail:					
Tel:		Fax:			
Chairman				D	PD
Name:					
Address:					
E-mail:					
Tel:		Fax:			
Secretary				D	PD
Name:					
Address:					
E-mail:					
Tel:		Fax:			
Treasurer				D	PD
Name:					
Address:					
E-mail:					
Tel:		Fax:			

Please give the names and addresses of the other Board Members:

Name:		D	PD
Address:			
Name:		D	PD
Address:			
Name:		D	PD
Address:			
Name:		D	PD
Address:			
Name:		D	PD
Address:			
Name:		D	PD
Address:			
Name:		D	PD
Address:			
Name:		D	PD
Address:			

Bank details

Bank Name:

IBAN:

Address:

BIC Code:

Account No:

How many Members are there in your Association?:

How many offices, branches, or affiliated members does your Association have?:

For application as an Effective Member only

Name of your EDA CONTACT PERSON:

(who must be a member of your Association's Board of Directors)

The contact is: D PD

Address:

Tel:

Fax:

E-mail:

On behalf of my Association, I make application to join the EUROPEAN DYSLEXIA ASSOCIATION and agree that the Association will observe and abide by its Statutes and Bye-Laws.

On behalf of:

Signed:

Position:

Date:

Documents to send:

1. This Application form
2. A copy of your Association's Constitution/Bye-Laws/Rules- with registered Number or copy Certificate, if appropriate
3. A copy of the leaflet you issue to advertise your Association
4. A copy of your Association's latest News Letter or other similar publication
5. A list of your Association's publications with publishers' names, addresses or tel/Fax/E-mail and ISBN numbers.

The above documents should be sent to:

EDA Chairperson Rosie Bissett

chair@eda-info.eu

Please note that every application is considered by the EDA Board of Directors for approval or rejection. If a membership application is approved by the Board, this then has to be ratified by the members at the next General Assembly.