

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

## Application for Adherent membership

## About our two membership types

An **Effective Member** of EDA is entitled to vote but the organisation must be an Association of parents and/or adults affected by dyslexia and/or dyscalculia, and be a non-profit voluntarily-run association. At least 50% of the Association's Board must be adults with dyslexia and/or dyscalculia or parents of children under 18 with dyslexia and/or dyscalculia. This ensures that EDA is governed by those directly affected by dyslexia and dyscalculia. If this is your organisation type, please apply using the Application Form for Effective Membership.

An **Adherent Member** of EDA does not have a vote under the Statutes, but may attend and speak at General Meetings and will receive the same information as Effective Members. This category of membership includes schools, university departments, and other organisations who do not fulfil the criteria for Effective Membership. If this better reflects your organisation type, please apply using this Application Form for Adherent Membership

Please note that EDA members are organisations and associations. We do not have individual members.

Legal address of your C	ganisation:	
	<u> </u>	
Tel: Em	A school	Web site:
Is your Organisation: (Check as appropriate)	<ul><li>☐ A university or</li><li>☐ A commercia</li></ul>	
	A governmen	nt or semi-state agency
	A trade union	١
	A foundation	
	Other - please	e describe

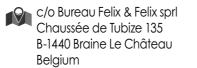
What are your Organisation's principal aims?	Your organisation			
	Please provide details of your organisation's managing officers, e Managing Director, Chairperson.			
	Name	Role	E-mail	
Under what Law of your country has your Organisation been created?				
How is your Organisation described?				
☐ 'a Charity' ☐ 'a limited company' ☐ 'an association' ☐ 'a non-profit organisation'				
ightharpoonup in a state or semi-state agency/organisation' ightharpoonup ightharpoonu				
Enter 'Charity' or other registered No. :				
What date/year was your Organisation legally established?	In total how mar	ny personnel are ther	re in your organisation?:	
What kind of activities, events, and or services does your organisation provide related to	in lolal, now man	iy personner are mer	e iii yool olgaliisaliolii.	
dyslexia and/or dyscalculia?	Who is the officia	I contact person FDA	A should communicate with in	
		Who is the official contact person EDA should communicate w membership application and any future correspondence?		
	Please provide name, email, and contact number.			
	Name	Role	E-mail	
Why do you want to become a member of EDA?				
	ц	111		
	Please also provi	de a second contac	t person (name, role, email and	
	Name	Role	E-mail	
How did you get to know about EDA?				
	If your organisati	on is a member of ot	ther federations or associations	
	Please confirm that your organisation is in compliance with all local EU/European regulations.  • Yes  No  What do you believe that your organisation can contribute to EDA?			
	Any additional c	Any additional comments or information you wish to provide?		
			1 - 1	





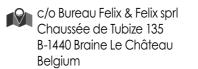
≥ eda-info@eda-info.eu

eda-info.eu



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Name	Role		Telephone
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ryour organisation names?  Please confirm that U/European regulation regulations are set of the set	Role is a member of a	en is in compliance with a	ciations, please state





On behalf of my organisation, I make application to join the EUROPEAN DYSLEXIA ASSOCIATION as an Adherent Member and agree that the organisation will observe and abide by the EDA Statutes.

On beho	alf of:		
Signed:			
_			
Position:			
Date:			

## Supporting documents to send:

- 1. This Application form, fully completed.
- 2. A copy of your organisation's Constitution or Incorporation documents.
- 3. A copy of the leaflet you issue to advertise your organisation and activities.
- 4. A copy of your organisation's latest newsletter or other similar publication.

## 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 formally discussed at the next General Assembly before it can be ratified by the Effective Members.



