**MEMBERSHIP APPLICATION FORM 2024**

For internal use

File N°:

Recommendation of Accreditation Committee:

Decision of Council:

Date:

## Please return the application form to Nathalie De Craecker:

## [nathalie.decraecker@age-platform.eu](mailto:nathalie.decraecker@age-platform.eu)

In order to complete your file, we kindly ask you to include the following documents with your application form:

* A copy of your organisation's constitution or statutes,
* A copy of the latest approval accounts of your organization (AGE’s fees 2024 for full members are calculated as 0,32% of the organisation’s total income).

Any additional information on your organization will be welcome. Feel free to include a recommendation letter, a newsletter, a leaflet, an activity report, etc. to your application in order to give more details on your activities.

***Incomplete applications may delay the processing of your application.***

**PART 1 - NAME & CONTACT DETAILS**

**Name of Organisation:**

**Date of Foundation:**

**Address:**

**President:**

**Contact person:**

**Position:**

**Telephone:**

**Fax:**

**E-mail:**

**Website:**

**Social media (if any):**

**PART 2 - BRIEF DESCRIPTION OF THE ORGANISATION**

**2.1 Please give a short description of your organisation’s aims and objectives (according to your statutes or mission statement)**

**2.2 What are the main activities of your association? How do you put your aims and objectives into practice?**

**2.3 How would your organisation be able to contribute to the work programme of AGE in fulfilling its aims and objectives?**

**2.4 What do you see as the main value added of joining AGE for your association?**

**2.5 What type of association are you?**

Please tick all the boxes that apply to your association (multiple answers possible)

Association of older people

OR

Association working for older people

Please justify your choice according to the definition of organisation “of” older people mentioned in Art. 14 of AGE statutes:

Membership-based Organisation

National Association

Regional Association

European Organisation

European Federation

Not-for-profit

Research/Academic

Older people are the primary focus of work

**2.5 How many older people do you represent? Directly or indirectly?**

**2.6 Do you have any referees to support your application from amongst the current AGE membership?**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We have read the internal rules and statutes of AGE and agree with them (please tick box to confirm)

**PART 3 - CATEGORY OF MEMBERSHIP AND FEES LEVEL**

Please mark by “X” the category you apply for:

**Full Member** - Annual fees proportionate to your income

What is the annual income of your association? \_\_\_\_\_\_\_\_\_\_\_

*(AGE’s fees 2024 are calculated as 0,32% of the organizations’ total income (turnover), with a minimum of 464,88€ and a maximum of 3689,92€).*

**Accession Countries and Former EU Member State members** - Annual fees: 464,88 €

**Observer Member** - Annual fees: 464,88€

In accordance with Article 8.5 of the Internal Regulations, the membership invoice is payable within one month of receipt.

In the event of withdrawal, this must be notified before the start of the new financial year (1st January) and receipt of the invoice. If this is not possible, the annual fee will be calculated on a pro rata basis from the date of notification of withdrawal and will remain payable to AGE.

Signature: Date:

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*Have you included all your documents?*

* *Completed all parts of the application form*
* *Copy of the statutes of the association*
* *Copy of the approved annual financial statement/accounts of the association*