**Application form for membership of the European Network of Fibromyalgia Associations (ENFA)**

**Information about the organisation/association**

Full legal name of patient organisation/association

Short/abbreviated name of patient organisation/association

Legal address

City

Postal/zip code

Country

Organisation email address

Organisation website address

Organisation phone number (including country code)

*If applicable:*

Organisation Twitter page

Organisation Facebook page

Number of members

**Information about the liaison individual at the organisation/association**

Full name

Role/responsibility

Email address

Phone number (including country code)

***Supplementary information to this application form***

*Please check ‘X’ the correct boxes below.*

|  |  |  |
| --- | --- | --- |
| **Have you attached the following items?** | **Yes** | **No** |
| Organisation/association constitution |  |  |
| Proof of registration |  |  |
| Number of members |  |  |

**Short, motivational statement as to why your organisation wishes to become a member of ENFA**

Please return this form, and supplementary information to **contact@enfa-europe.eu**