

Inclusion Europe

The European Association of Societies of Persons with Intellectual Disability and their Families
L'Association Européenne des Organisations des Personnes Handicapées Mentales et leurs Familles

Galleries de la Toison d'Or – 29 Chaussée d'Ixelles #393/32 – B-1050 Brussels – Belgium
Tel. : +32-2-502 28 15 – Fax : +32-2-502 80 10 – e-mail : secretariat@inclusion-europe.org

Membership Application Form

You can become member of Inclusion Europe if

- a) only self-advocates take decisions in your organisation
- b) your organisation exists since at least one year
- c) your group meets regularly at least once a month
- d) at least ten self-advocates are members of your organisation

Information about your self-advocacy organisation

Name _____

Address _____

Country _____



Tel _____



Fax _____



E-mail _____



Website _____

Who are the most important persons in your organisation and their supporters.

Function	Name of the self-advocate	Supporter	Language of the supporter
President			

How many persons are members of your group ? _____

How many smaller groups are included in your organisation ? _____

Your group or organisation is active on the following level:

Local Regional National

Is your organisation part of a parent organisation ? Yes No

Is your organisation supported by a parent's organisation

professionals

government

From where do you get the money for your organisation ? _____

Please send us

† A copy of your constitution

† Information about your self-advocacy organisation

We are very interested to learn what you are doing and to have more information about your organisation. You can write in your language and use photos, pictures and drawings. You could also present your organisation by using video or audio tape. We will use this information to tell other self-advocacy organisations about your work.

Name of the person signing the application form: _____

Signature: _____

Date: _____