

OFFICIAL APPLICATION FORM FOR ASSOCIATE MEMBERSHIP OF POLIS

Please complete and return to:

POLIS
Rue du Trône 98
1050 Brussels
BELGIUM
polis@polisnetwork.eu

Registered name and address of legally established Administration / Organisation :

Click or tap here to enter text.

Legal form [e.g. public legal entity, non-profit association,...]:

Click or tap here to enter text.

Legally represented by (Surname, Forename, Official Position):

Click or tap here to enter text.

Cognisant of the Terms of Reference (Statutes) and the Internal Rules of POLIS, as well as of the scale of membership subscription for the year of commencement of membership, copies of which have been provided, the POLIS Membership applicant commits to complying with the provisions of the Statutes and Internal Rules of POLIS and other decisions taken by the General Assembly, to contribute to the activities of the association and to acquit payment of the yearly membership fees. The membership fee is due within 4 months from the date of sending the invoice.

Members are free to **resign** from the Association **by giving written notice** via special means of communication, **at the latest by 30 September of each year**, to the Secretary General. The resignation shall be effective on 31 December of the year during which the written notice has been sent. As of 1 January 2026, as voted by the POLIS General Assembly in November 2025, yearly fees will be indexed on the basis of the Belgian yearly indexation.

On behalf of the Administration / Organisation,

Read and approved

Place Click or tap here to enter text.

Date Click or tap here to enter text.

Signature

Stamp

To be sent to the POLIS Secretariat with the enclosed information form

INFORMATION FORM

Annexed to the official application form for Associate Membership of POLIS

1. ORGANISATION

Name of the organisation: Click or tap here to enter text.

2. CONTACT PERSON

The person designated officially to represent the Organisation within POLIS takes part in the activities of the association on behalf of the Organisation.

Name and reference of the contact person to whom all correspondence should be sent:

First Name: Click or tap here to enter text.

Last Name: Click or tap here to enter text.

Position: Click or tap here to enter text.

Address: Click or tap here to enter text.

VAT number: Click or tap here to enter text.

Tel: Click or tap here to enter text.

Email: Click or tap here to enter text.

Name and address of the contact person to whom all invoices should be sent if different from the above details: Click or tap here to enter text.

Place Click or tap here to enter text.

Date Click or tap here to enter text.

Signature

Stamp

