

Application to move from Adherent to Effective membership

Effective membership of the EDA is restricted to non-profit making Dyslexia Associations only. These associations must be an Association of parents and/or adults affected by dyslexia and at least 50% of the Association's Board must be adults with dyslexia or parents of children under 18 with dyslexia.

Other organisations with a scientific or social interest in dyslexia can apply for adherent membership. However, before acquiring Effective membership, non-profit making Dyslexia Associations applying for membership are accepted as adherent members only, but after two years they can apply for effective membership. This form must be completed by qualifying Adherent members who wish to move to Effective member status.

You can fill out this form on your computer. Just click in the separate fields to type or check an option.

When done, *save the document and send it as an attachment. Instructions on last page!*

Name of your Association:

Legal address of your Association:

Tel:

E-mail:

Is your Association:

(Check as appropriate)

the national dyslexia association of your country?

a regional dyslexia association?

a local dyslexia association?

an organisation concerned with dyslexia?

What are your Association's principal aims?

Under what Law of your country has your Association been created?

How is your Association described?

'a Charity' 'a limited company' 'an association' 'a non-profit organisation'

Registered Charity Number:

Registered Company/Organisation Number:

How many Members are there in your Association?

How many offices, branches, or affiliated members does your Association have?

Board members

To achieve Effective Membership status, at least 50% of the Association's Board must be adults with dyslexia or parents of children under 18 with dyslexia.

Therefore, please details below the names and addresses of your Association's Board members. You MUST indicate whether or not they are dyslexic (D) or the parent of a dyslexic (PD).

President (if any)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:					
Address:					
E-mail:					
Tel:					
Chairperson		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:					
Address:					
E-mail:					
Tel:					
Secretary		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:					
Address:					
E-mail:					
Tel:					
Treasurer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:					
Address:					
E-mail:					
Tel:					

Please give the names and addresses of the other Board Members:

Name:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address:					
E-mail:					
Tel:					
Name:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address:					
E-mail:					
Tel:					
Name:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address:					
E-mail:					
Tel:					
Name:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address:					
E-mail:					
Tel:					
Name:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address:					
E-mail:					
Tel:					
Name:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address:					
E-mail:					
Tel:					

Declaration

On behalf of my Association, I make application to move to Effective Membership of the EUROPEAN DYSLEXIA ASSOCIATION and agree that the Association will observe and abide by its Statutes, Bye-Laws and policies.

On behalf of:

(Organisation Name)

Signed:

(Authorised Organisation Signatory)

Position in organisation:

Date:

Documents to send:

1. This completed form
2. A copy of your Association's Constitution/Bye-Laws/Rules (*preferably in English*)- with registered Number or copy Certificate, if appropriate

The above documents should be sent by e-mail to: chair@eda-info.eu

Please note that every application is considered by the EDA Board of Directors for approval or rejection at the next board meeting.