**WORLD FEDERATION OF THE DEAFBLIND – WFDB**

**MEMBERSHIP APPLICATION FORM**

I state that the entity named below wishes to apply for *(please, put X in the box as appropriate)*

|  |  |
| --- | --- |
|  | * Individual membership of the World Federation of the Deafblind. |
|  | * National membership of the World Federation of the Deafblind. |
|  | * Regional membership of the World Federation of the Deafblind. |
|  | * Associate membership of the World Federation of the Deafblind. |
|  | * Sponsoring membership of the World Federation of the Deafblind |

**If you’re applying as an Individual member, please complete question 1 in and skip the part about the organisation, if you’re applying as an organisation, go straight to question 2:**

**1. Your Contact details (only for individual members)**

**Name:**

**Address:**

**Country:**

**Telephone:**

**Texttelephone, tt y:**

**E-mail:**

**Website:**

**Your region (Asia/Africa/N.America/S.America/Pacific/Europe):**

**Are you a deafblind person: Yes**  **No**

**Why do you wish to join WFDB?**

**2. If you’re applying as a national, regional, associate or sponsoring member organisation please fill this in:**

**Name of the organisation** *in your language and in English*:

* in national language:
* in English:

**The initials or acronym of the organisation** *in your language and in English*:

* in national language:
* in English:

**Contact details of the organisation**

**Official address (seat)**:

**Country**:

**Address of the office**:

**Telephone** *(with country and area codes)*: +

**E-mail address**:

**Website**:

**Facebook**:

**Twitter**:

**Region of the organisation: (Asia/Africa/N.America/S.America/Pacific/Europe):**

**Information about the organisation**

**The date when the organisation was founded**:

**Official Registration and/or Company Number**:

*(please, provide the number given by the national authority which keeps the register of all formal organisations such as yours in your country)*

**Type of the organisation** *(please, put X in the box as appropriate)*

|  |  |
| --- | --- |
|  | * A registered and independent national organisation of deafblind people. |
|  | * A registered and independent regional organisation of deafblind people. |
|  | * An organisation of the deafblind affiliated to an organisation of either blind people or deaf people. |
|  | * An organisation of the deafblind that is attached to another type of organisation or institute. |
|  | * A registered and independent organisation of either blind people or deaf people. |
|  | * A registered organisation for deafblind persons, but not of deafblind persons |
|  | * Other type of organisation that doesn't consist OF deafblind persons: |

**Contact details of the president/chairman of the organisation**

**Name**:

**E-mail address**:

Is the president/chairman deafblind? *(please, put X in the box as appropriate)*

|  |  |
| --- | --- |
|  | **YES** |
|  | **NO** |

**If there is a Section/Committee/Club of the deafblind within the organisation, please, give contact details of the responsible person.**

**Name**:

**Position in the organisation**:

**E-mail address**:

**Is the responsible person deafblind?** ***(please, put X in the box as appropriate)***

|  |  |
| --- | --- |
|  | **YES** |
|  | **NO** |

**Why does the organisation wish to join WFDB as a national / regional / associate / sponsoring member? (please, explain briefly)**

*Attach statutes of the organisation to the application form, please*.

**With my signature,**

* I declare that all of the above data is truthful and corresponds to reality.
* I agree to allow the World Federation of the Deafblind (WFDB) to store and use the above data in order to register and contact the individual/ organisation.
* I consent to receive any information and news from the WFDB.
* I also consent that WFDB will add the organisation to the list of the members and publish on the WFDB website *(www.wfdb.eu) with* the main contact data of the organisation.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| *Place and date* |  | *Name* |  | *Signature* |

**Signature of the two witnesses**

|  |  |  |  |
| --- | --- | --- | --- |
| **Witness 1** |  |  |  |
|  | *Name* |  | *Signature* |

|  |  |  |  |
| --- | --- | --- | --- |
| **Witness 2** |  |  |  |
|  | *Name* |  | *Signature* |

*Please, send the signed application form in PDF format to* [membership@wfdb.eu](mailto:membership@wfdb.eu) *.*

*Please, report any changes to us in the future. Thank you.*

**WFDB contact**

*President: Sanja Tarczay,*

*Address: Rue de l’Industrie 10, 1000, Brussels, Belgium*

*Contact:* [*president@wfdb.eu*](mailto:president@wfdb.eu)