



Membership Application Form for Institutions

European Āyurveda
Medical Association

European Ayurveda Medical Association
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E: info@ayurveda-association.eu | W: www.ayurveda-association.eu

For office use only	Date received	Membership accepted	Membership number
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Type of membership [please choose one of the options]

- Ordinary Member** [European Associations representing the interests of medical doctors with experience in Ayurveda]
- Associate Member A** [Associations representing the interests of Ayurvedic doctors in a country outside of Europe]
- Associate Member B** [Associations that represent the interests of professionals in other disciplines related to Ayurveda]
- Observing Member** [Temporary Membership for Associations which consider joining EURAMA]

Target group(s) of the Association [please choose one or more of the options]

- European medical doctors with experience in Ayurveda
- Ayurvedic doctors in a country outside of Europe
- Indian Vaidyas
- Pharmacists
- Physiotherapists
- Alternative Practitioners
- Veterinaries
- Others _____

Name of Association (name in full)

Abbreviation (name in form of the acronym)

Contact Person [Person to whom all messages regarding EURAMA shall be addressed]

Title | First name | Last name

Personal e-mail | Phone

Contact Details of the Association

Street | No. (main office address)

Country Code | Postal Code | Place

E-mail (office)

Phone | Mobile Phone | Fax (please include area code)

Website

Institutional Details

Legal status [Please specify the legal status of your organisation.]

Year of establishment | State of establishment

Registration number [Official registration number of your Association, if existing in your country.]

Current number of members [Please specify if your Constitution lists different types of membership.]

Legal representatives [persons authorized to sign on behalf of the Association]

1. Function in the Association | Title | First name | Last name

E-mail | Phone

2. Function in the Association | Title | First name | Last name

E-mail | Phone

3. Function in the Association | Title | First name | Last name

E-mail | Phone

We hereby apply for membership in the European Ayurveda Medical Association (EURAMA) and resolve to abide by the Constitution if accepted into membership. As a member we will punctually pay the membership fee as fixed by the General Meeting and published on the website (Fees Schedule).

Place | Date

Signature(s)

Please return the completed form to the EURAMA Office by mail, Fax or e-mail [see address above] with the following documentation:

- Your Association's Constitution (an English translation if possible please)
- A List of your members (at least Surname, First name, Title, Profession)

Membership information plus invoice / payment confirmation will be sent on receipt.