

# ENWHP Membership Application Form



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## DETAILS CONCERNING THE ENWHP CONTACT PERSON

Name

Position/Title

Address

Postal code

City

Country

E-mail(s)

Tel.

Fax

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## DETAILS CONCERNING THE APPLICANT ORGANISATION

Full organisation  
name

Acronym

Official Address

Postal code

City

Country

Tel.

Fax

E-mail(s)

Website

VAT Number  
(if applicable)

Type of member

Organisation size

*The individual/organisation hereby named applies to become ENWHP member.*

*In applying for ENWHP membership, our organisation agrees to abide by the Statutes and Bylaws, and commits to share the aims and objectives of ENWHP. We also commit to respect the confidentiality of information shared at ENWHP meetings and through other mechanisms.*

Printed name (legal  
representative)

Signature (legal  
representative)

Date

Please provide a brief summary (max. 2000 characters) of your organisational interest in Workplace Health Promotion and any relevant professional details of your contact person.

Please save, scan or print the completed membership form and return it by email to:

[membership@enwhp.net](mailto:membership@enwhp.net)

or by post to:

ENWHP Secretariat,  
Via Chirurgo dell'Erba n. 26,  
71019 Vieste (FG),  
Italy.

New members will receive a free six-month trial membership, after which time membership fees will be charged annually at the standard rates.

Membership Category	Annual Fee
Public sector - including Government Organisations and Ministries (national or regional), Public Sector agencies, Research Institutes and Universities, etc.	€500
Private sector - including large companies and SMEs	€500
Private sector: Micro-enterprises - 10 employees or less or balance sheet/annual turnover below €2m	€150
NGOs/third sector/not-for-profit	€150
Individuals	€100