**OECI Membership Application**

**Instructions and Form**

The Membership Application Form must be filled in by any Institution that wishes to apply for Membership within the OECI-EEIG. Prior to filling in this form, the Applicant Institution should verify that it meets the relevant requirements for membership set forth in the OECI-EEIG Statute and that it agrees to comply with the rules defined in the OECI-EEIG Statute.

OECI Statute 2024: <https://www.oeci.eu/Statutes.aspx>

# Submitting procedure

Fill in the form (page 3-4 below) as clear and legible as possible. Once completed, make a full copy of the document and preserve it for your own records. The original of the signed form should be returned to the OECI Liaison Office at the following address:

**Organisation of European Cancer Institutes**

c/o SOS Europe Srl

Via delle Campanule, 74

16148 Genova - Italy

**Please send an electronic copy of the signed form to** **oeci@oeci.eu** **, along with:**

1. A copy of the Statute of the cancer centre/institute/organisation
2. A motivational letter signed by the Legal Representative of the Applicant Institution.

The application is evaluated for eligibility by the OECI General Manager, the OECI lawyer and then by the OECI Board that recommends the candidacy to the General Assembly (GA) (taking place yearly in June).

A Representative of the Applicant Institution is invited to attend the GA to introduce the candidacy to the OECI Members. The General Assembly shall unanimously decide for admission of Full Members and, by simple majority, on the admission of Associated Members. The Legal Representative of the Applicant Institution is informed by an OECI written communication in the next two weeks following the voting; if the application is accepted, the admission fee request will be sent to the new Member (Full or Associated).

**Membership entitlements and benefits:**

* participation to the Accreditation and Designation Programme
* priority registration rights to all OECI events (GA, conference, seminars, workshops)
* free registration to some OECI events
* access to participative projects, training activities and working groups run by the OECI
* access to the oeci website documents and other oeci publications
* publishing relevant activities, articles or news of their own organisation on the OECI website

**Type of membership:**

**Full Members:** entitled to vote during the General Assembly and to propose candidacies for the election to the Board.

**Associate Members Group A, Group B or Group C:** not entitled to vote and not admitted to introduce candidacies for the election to the Board.

**A fee schedule is included on the next page explaining the fees to be made on acceptance and giving contact details for more information.**

## MEMBERSHIP FEES SCHEDULE

**Approved by the OECI-EEIG GENERAL ASSEMBLY
Helsinki, June 14th - 2024**

This document specifies the fees that are due for membership within the OECI-EEIG, for different categories of membership, in accordance with the OECI-EEIG Statute and the OECI-EEIG Internal Regulation.

The membership fees are determined, reviewed and approved by the General Assembly, which may modify them annually. The fees to be paid are:

1. **Admission Fee** – 1 single fee payable after approval of the membership application by the General Assembly. For membership rights to become effective, the Admission Fees to be paid to the OECI-EEIG bank account by the 30 September of the year of admission the latest.
2. **Annual Membership Fee –** regular fee payable every year starting from the following year after the new member was accepted. The yearly fee to be paid by the 31 March of each year the latest.

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| --- | --- | --- | --- | --- |
|  | **Full Membership****(Only for Applicants registered in a country of the European Union or EFTA/EEA)** | **Associate Membership Group A****(Only for Applicants registered in a country of the European Union or EFTA/EEA + Switzerland and UK)** | **Associate Membership Group B****(Only for Applicants registered in a country outside the EU and EFTA/EEA)** | **Associate Membership Group C****(Only for applicants which fulfil the following conditions:****(i) being a legal entity officially recognised as patient association or patient federation acting at local, regional or national level;** **(ii) being actively collaborating with one or more cancer centres;** **(iii)       not being directly or indirectly regularly financed by pharma companies** |
| **Admission Fee** | € 6,500.00 | € 6,500.00 | € 6,500.00 | € 0,00  |
| **Annual Fee** | € 6,500.00 | € 4,000.00 | € 2,000.00 | € 1.000,00 |

**All fees to be paid solely in EUROS and by bank transfer to:**

**IBAN Code: BE07 7360 0031 0666**

**Account Name: OECI-EEIG**

**SWIFT or BIC code: KREDBEBB**

**Bank name: KBC Banque**

**Bank address: Avenue Marnix, 31 - 1000 Brussels, Belgium**

# Queries and assistance

For any query or assistance on membership or any other matter concerning the OECI-EEIG, please contact:

OECI Liaison Office oeci@oeci.eu

**OECI MEMBERSHIP APPLICATION FORM (Pag.1)**

# A. INSTITUTION/ORGANISATION IDENTIFICATION AND CONTACT/S INFORMATION

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| --- |
| NAME OF THE INSTITUTION/ORGANISATION in the original language, and, if existing, in English: |
| Legal Form:  |
| Type of Institution/Organisation: [ ] Private [ ]  Public |
| Legal Framework: (complete one on the below choices) |
| - A public Institute/Organisation operating as a legal entity with financial and administrative independence recognised by Law Decree no. (specify) by the Ministry of   Health (or if other entity please specify). |
| - A private Institute/Organisation operating as a legal entity with financial and administrative independence recognised by ((eg. Prefecture) |
| VAT No. (if applicable): |
| Social Object: |
| Legal Address: |
| City:  | ZIP Code:  | Country:  |
| URL address:  |
| LEGAL REPRESENTATIVE |
| Title (Mr/Ms/Dr/Prof)  | First Name  | Surname  |
| Position  |
| Phone |
| Fax |
| E-mail  |
| Address (if different from Institution/Organisation address)  |

**OECI MEMBERSHIP APPLICATION FORM (Pag.2)**

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| **DIRECTOR/CONTACT** (or other position if different from Legal Representative) |
| Title (Mr/Ms/Dr/Prof):  | First Name:  | Surname:  |
| Position (Scientific Director/Medical Director/Other):  |
| Phone: |
| Fax:  |
| E-mail:  |
| Address (if different from Institution/Organisation address): |

# *B.* CHOICE OF TYPE OF MEMBERSHIP AND COMMITMENTS

1. I hereby confirm that my Institution/Organisation has knowledge of the OECI-EEIG Statutes and of the OECI-EEIG Internal Regulation and that it accepts to comply with the provisions defined in these documents.
2. I hereby declare that my Institution/Organisation intends to join the OECI-EEIG as (select by ticking your choice):

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  **FULL MEMBER** | [ ]  **ASSOCIATE MEMBER TYPE A** | [ ]  **ASSOCIATE** **MEMBER TYPE B** | [ ]  **ASSOCIATE MEMBER TYPE C** |

1. I confirm that my Institution/Organisation will pay the OECI-EEIG admission fee immediately after acceptance of this application and the yearly membership fee (amounts approved by the OECI-EEIG General Assembly each year). This obligation is not applied for Associate Members Type C.
2. I confirm that I’m aware that the payment of the admission or yearly fee does not origin to an invoice being not related to specific services provided by OECI-EEIG.
3. I confirm that the information provided in this application may be published in part or in full by the OECI-EEIG, without preliminary approval from my Institution/Organisation, on any of the communication OECI-EEIG channels.
4. I understand that this Application for Membership to the OECI-EEIG will remain valid for 12 months following its date of submission. If the OECI-EEIG has failed to notify its decision regarding this Application within that period, my Institution/Organisation may consider it as invalid.
5. I attach to this Application the Statute of the Institution/Organisation and a motivational letter.
6. I declare that I rightfully represent my Institution/Organisation for the present purpose of joining the OECI-EEIG.

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| Place and date | Name of the Legal Representative and Signature |