

European Health Data Alliance e.V.

Unter den Linden 21
10117 Berlin

Date _____

Membership application

We apply for membership in the European Health Data Alliance e.V.

| | |
|--------------------------|--|
| Name of the organisation | |
| Legal form: | <input type="checkbox"/> legal entities under private law with the intention of making a profit according to §2 (1) a) of the contribution regulations |
| | <input type="checkbox"/> Micro, small and medium-sized enterprises according to §2 (1) b1) of the contribution regulations |
| | <input type="checkbox"/> Micro-enterprises and small and medium-sized enterprises in accordance with §2 (1) b2) of the contribution regulations |
| | <input type="checkbox"/> Micro, small and medium-sized enterprises according to §2 (1) b3) of the contribution regulations |
| | <input type="checkbox"/> Corporations under public law (university), non-profit organisations and other non-profit organisations with the intention of making a profit in accordance with §2 (1) c1) of the membership fee regulations |
| | <input type="checkbox"/> Corporations under public law (university), non-profit organisations and other non-profit organisations with the intention of making a profit in accordance with §2 (1) c2) of the membership fee regulations |
| Address: | |
| Contact person | |
| Contact e-mail | |
| Contact phone | |
| Your sign | |

We have read and recognised the statutes and membership fee regulations.

Place, date

Surname, first name and signature of the
person authorised to represent the
company