



# Membership Application Form

## DETAILS OF THE ORGANISATION APPLYING FOR MEMBERSHIP

Full name of the organisation \_\_\_\_\_  
Short name of the organisation \_\_\_\_\_  
Street name \_\_\_\_\_  
Postal code \_\_\_\_\_ Town \_\_\_\_\_  
Country \_\_\_\_\_  
Website \_\_\_\_\_  
VAT-number \_\_\_\_\_

If billing address is different from postal address above, please add it here.

Street name \_\_\_\_\_  
Postal code \_\_\_\_\_ Town \_\_\_\_\_  
Country \_\_\_\_\_

### Application as

- |   |   |
|---|---|
| <input type="checkbox"/> Patient organisation, citizen/family/carer association                             | <input type="checkbox"/> Electronic health (eHealth) competence center (*)          |
| <input type="checkbox"/> Health care provider (GP, hospital, medical center)                                | <input type="checkbox"/> EHR system or applications vendor (*)                      |
| <input type="checkbox"/> Health care provider association (*)   | <input type="checkbox"/> Medical device vendor (*)                                  |
| <input type="checkbox"/> Health professional association (*)  | <input type="checkbox"/> Pharma, bio-tech (*)                                       |
| <input type="checkbox"/> Social care provider association (*)   | <input type="checkbox"/> Health data broker or analytics company (*)                |
| <input type="checkbox"/> Public health, care, eHealth or research decision-making authorities               | <input type="checkbox"/> Standards development organisation (*)                     |
| <input type="checkbox"/> Third-party health and care payer, health insurance organisation, commissioner (*) | <input type="checkbox"/> Industrial association of health ICT products/services (*) |
| <input type="checkbox"/> Clinical and health informatics research and educational organisation (*)          | <input type="checkbox"/> Other: _____   |

For a definition of member categories, please consult our website.

(\*) Membership fee is mandatory. Indications of this fee are mentioned on our website. Upon evaluation of your application, we will contact you with regards to your definite membership fee, taking into consideration the size of your association/company, turnover, number of employees etc. If you register for a two-year period, we can grant you a membership fee reduction of 25%.



## DETAILS OF THE MAIN CONTACT AND REPRESENTATIVE IN YOUR ORGANISATION

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

- I apply for a two-year membership and get a membership fee reduction of 25%.  
 I have read and accepted the i~HD Articles of Association and the i~HD Data Protection Transparency and Privacy Notice, available on their website.  
 I confirm that I have the power to formally represent my company/organisation.  
 I agree to be informed by email of initiatives taken by i~HD, and to receive their newsletter (maximum 4 newsletters a year).

Date: \_\_\_\_\_ Signature

## DETAILS OF OTHER INTERESTED PERSONS IN YOUR ORGANISATION

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Email \_\_\_\_\_

- I agree to be informed by email of initiatives taken by i~HD, and to receive their newsletter (maximum 4 newsletters a year).

Date  
Signature

## DETAILS OF OTHER INTERESTED PERSONS IN YOUR ORGANISATION

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Email \_\_\_\_\_

- I agree to be informed by email of initiatives taken by i~HD, and to receive their newsletter (maximum 4 newsletters a year).

Date  
Signature

## DETAILS OF OTHER INTERESTED PERSONS IN YOUR ORGANISATION

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Email \_\_\_\_\_

- I agree to be informed by email of initiatives taken by i~HD, and to receive their newsletter (maximum 4 newsletters a year).

Date  
Signature

## DETAILS OF OTHER INTERESTED PERSONS IN YOUR ORGANISATION

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Email \_\_\_\_\_

- I agree to be informed by email of initiatives taken by i~HD, and to receive their newsletter (maximum 4 newsletters a year).

Date  
Signature

### To be returned by email or post to:

The European Institute for Innovation Through Health Data  
c/o University Hospital Gent - Unit of Medical Informatics and Statistics  
Entrance 42 - Building K3 – 5th floor  
Corneel Heymanslaan 10 - 9000 Gent (Belgium)

phone: +32 9 332 40 67  
e-mail: [info@i-hd.eu](mailto:info@i-hd.eu)  
[www.i-hd.eu](http://www.i-hd.eu)

