

**2026 MEMBERSHIP APPLICATION FORM
FOR ASSOCIATIONS**
- **FULL** MEMBERSHIP -

Name of Association: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____ Website: _____

Owner(s) or Principal(s) - Names and Titles:

FIVS Representative(s) - Names and Titles:

Please select the appropriate Dues Category:

2026 FIVS ANNUAL DUES			
	Size of Association	Annual Budget (€)	Amount (€)
☐	SMALL	< 50 000 €	1,060 €
☐	MEDIUM	50 000 €-100 000 €	3,066 €
☐	LARGE	> 100 000 €	6,138 €

Please note that the FIVS Bylaws require a thirty (30) day review process for all applicants. Once admitted, we will send you the final invoices to enable you to send bank transfers for the appropriate amount in Euros to the FIVS account.

I have duly taken note of the FIVS Articles and understand the moral and financial commitments in becoming a member. The above-mentioned organisation hereby applies for membership.

I agree to all these terms, _____

Signature

Date

Please printname _____