



EUROPEAN ME ALLIANCE

EMEA MEMBERSHIP APPLICATION FORM

EMEA Application for Membership

Version 2

January 2026

To apply for EMEA membership, please complete the application form
[https://www.europeanmealliance/documents/EMEA-Application/EMEA Membership Application Form.pdf](https://www.europeanmealliance/documents/EMEA-Application/EMEA%20Membership%20Application%20Form.pdf)

Applicant details: (* denotes mandatory field)

Organisation (if applicable):

Contact First Name*:

Contact Last Name*:

Organisation Legal Status (if applicable):

Contact details*

Email*:

Phone Number*:

Fax Number (if applicable):

Address*:

EUROPEAN ME ALLIANCE

Membership Category Applied For* (*please tick appropriate box*)

Full	Associate	Honorary

The Alliance membership categories detailed in the EMEA Constitution – available here: [https://europeanmealliance.org/documents/EMEA-Constitution/Constitution of the European ME Alliance 2026.pdf](https://europeanmealliance.org/documents/EMEA-Constitution/Constitution%20of%20the%20European%20ME%20Alliance%202026.pdf)

Members of EMEA are expected to endorse the EMEA Constitution and agree to follow the EMEA Membership Charter of Principles.

Membership applications will be assessed by the EMEA Executive Committee and presented to the EMEA membership in a General Meeting. EMEA will act on each application for membership within sixty days following receipt of the official application.

Please complete the following two sections

Please explain why you wish to become a member of EMEA* (*use a separate document if necessary*)

EUROPEAN ME ALLIANCE

Contribution to Membership*

Briefly explain what you/your organisation can bring to the benefit of EMEA's work
(use a separate document if necessary)

I hereby declare that I have read the Constitution of the European ME Alliance and agree, as a member, to comply with all regulations of EMEA.

I declare that the above-mentioned information is correct and agree to inform EMEA regarding any changes.

Signature

Date