



European Confederation of  
Pharmaceutical Entrepreneurs AISBL

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## Membership application

for **institutional membership** in  
European Confederation of Pharmaceutical Entrepreneurs AISBL (EUCOPE)

We – the company

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located in \_\_\_\_\_

hereby apply for admission as **institutional member** to European Confederation of  
Pharmaceutical Entrepreneurs AISBL (EUCOPE) according to Art. 5 of the EUCOPE Statutes.

We recognize the EUCOPE Statutes as binding to our company.

Place \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
(signature)

Company stamp

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**Details on the company applying for admission to European Confederation of  
Pharmaceutical Entrepreneurs AISBL (EUCOPE):**

Company name \_\_\_\_\_

Street \_\_\_\_\_

Post/ZIP-code \_\_\_\_\_ Place: \_\_\_\_\_

Post office box/POB \_\_\_\_\_

Post/ZIP-code (POB) \_\_\_\_\_ Place (POB): \_\_\_\_\_

Telephone no. \_\_\_\_\_ Fax no. \_\_\_\_\_

**CEO of the company**

Title, first name,  
surname \_\_\_\_\_

Phone (extension for  
direct contact) \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail \_\_\_\_\_

**Owner of the company**

**Field(s) of activity of the company** (please tick as appropriate; multiple answers are possible)

- Development of medicinal products / Medical devices
- Research of medicinal products / Medical devices
- Manufacture of medicinal products / Medical devices
- Distribution of medicinal products / Medical devices
- Contract manufacturing



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**Please attach a copy of the manufacturing authorisation**

**At the time of applying for EUCOPE membership: Annual turnover [€]  
of the applicant achieved in sales of medicinal products and/or medical  
devices**

\_\_\_\_\_

**Place** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_  
(signature)