

**Requirements for application of**

**Associated Member**

**Country:**

**Year of Application:**

**To fulfill the requirements for the application of Associated Member status as a National DMT Association the following evidence is required in English:**

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|  | **date** | **notes** |
| **1.The Association has:** | | |
| 1.1 **Statutes** of the National Association |  |  |
| 1.2 **Rules of Procedures** |  |  |
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| **2. Commitment** to the aims of EADMT, payment of required fee’s, and some financial, or other, support for their national association’s official delegate towards EADMT business. |  |  |
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| **3. Commitment** to follow EADMT Guidelines for implementation of Training Standards  *It is suggested that Full Professional Members, Full Basic Professional Members and Associate Members will each strive to require DMT training programmes in their country to meet the adopted standards.* |  |  |
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