Membership Registration Form

This form allows you to become a voting or non-voting member of GS1 Healthcare, the global healthcare user group.

GS1 Healthcare welcomes the following stakeholders as voting members: pharmaceutical or medical device manufacturers, wholesalers, distributors, group purchasing organisations, hospitals, pharmacies, solution and logistics providers.

Associations, regulatory bodies, educational institutes and other standards bodies can be non-voting members with no voting privileges.

For full details, please refer to the GS1 Healthcare Governance Charter at https://www.gs1.org/healthcare/about

Company Details

Company : 

Main area of activity : 

Company address : 

City & State : 

Postal/ZIP code : 

Country : 

VAT Number : 
Your Contact Details

☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr.

First name : 

Last name : 

Job title : 

Mailing address : 

(if different than above) 

Telephone number : 

Email : 

Secondary Contact Details (if applicable)

☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr.

First name : 

Last name : 

Telephone number : 

Email :
Membership

☐ I am a local member of a GS1 Member Organisation (prerequisite)
Please specify the country of the MO:

☐ I am a manufacturer, distributor, wholesaler, group purchasing organization, logistics or solution provider and want to become a Voting Member of GS1 Healthcare

<table>
<thead>
<tr>
<th>Annual revenues (in €)</th>
<th>GS1 Healthcare 2020 membership fee (in €)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 10 million</td>
<td>2,870</td>
</tr>
<tr>
<td>10 million – 100 million</td>
<td>8,715</td>
</tr>
<tr>
<td>100 million – 500 million</td>
<td>11,275</td>
</tr>
<tr>
<td>500 million – 1 billion</td>
<td>17,425</td>
</tr>
<tr>
<td>1 billion – 10 billion</td>
<td>28,700</td>
</tr>
<tr>
<td>10 billion – 20 billion</td>
<td>39,975</td>
</tr>
<tr>
<td>&gt;20 billion</td>
<td>51,250</td>
</tr>
</tbody>
</table>

☐ I am a hospital and want to become a Voting Member of GS1 Healthcare (exempt from membership fee)

☐ I am an association, regulatory body, educational institute, standards body and want to become a Non-voting Member of GS1 Healthcare (exempt from membership fee)

Special invoicing requirements

☐ Printed version of the invoice

☐ PO number if requested by your company
   *If yes, this number should be shared with us as soon as possible*

☐ Invoice in USD

☐ Specific invoicing submission system

Comments
Agreement to “GS1 Healthcare Charter”

Company has received, read and understood the “GS1 Healthcare Governance Charter” attached hereto (also available on GS1’s website at https://www.gs1.org/healthcare/about).

Company is reminded in particular of section 10.3 (Intellectual Property) which contains provisions protecting the intellectual property rights of GS1 on the GS1 Healthcare Materials and the GS1 Healthcare Public Policy Materials and limiting the use thereof by Members.

Company agrees to be bound by the terms and conditions of the “GS1 Healthcare Governance Charter”.

Payment & Authorisation

Payment method: bank transfer

I agree to the use of my personal data provided with this application to administer the GS1 Healthcare Membership and working groups. For more information please see our Privacy Policy at http://www.gs1.org/privacy.

Authorised signature: Date:

Scan or mail completed form to
GS1 AISBL
Sophie Molle, Manager, GS1 Healthcare
Avenue Louise 326, box 10, 1050 Brussels, Belgium
Email: sophie.molle@gs1.org