

**EMWA WEBSITE**

**FREELANCE DIRECTORY SUBMISSION FORM**

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| **Note:** entries in the EMWA freelance directory are open to **EMWA members** who are freelance. We define freelance as persons who do not market themselves as a group with others and who have no business partners or employees but may be a limited company (or equivalent) consisting of one person.  |

**Entries cost €90.00 (£80.00) per annum.**

Your Freelance List fee will be pro-rated for the first year at the cost of €8.00 per month, to the date of your next EMWA membership renewal. You will then pay the full €90.00 at the same time as your membership renewal.

**Please complete all pages of this form.**

|  |  |
| --- | --- |
| **First Name:** |  |

|  |  |
| --- | --- |
| **Last Name:** |  |

|  |  |
| --- | --- |
| **Full Address:**  |  |

|  |  |
| --- | --- |
| **Contact Number:** |  |

|  |  |
| --- | --- |
| **Email:** |  |

|  |  |
| --- | --- |
| **Website:** |  |

We suggest that you add the following sentence on your website: “A member of the European Medical Writers Association ([www.emwa.org)](http://www.emwa.org)).”

|  |  |
| --- | --- |
| **Trading Name:** |  |

|  |
| --- |
| **Summary sentence (such as ‘Extensive experience covering writing/editing regulatory documents plus translation German/English’):** |

|  |
| --- |
| **Skills and Services:** |

|  |
| --- |
| **Subjects:** |

|  |
| --- |
| **Other information:** |

**Please select all which apply, and this will be highlighted on your profile:**

|  |
| --- |
| **Areas :****Education Technology / Medical Communications / Medical Education / Regulatory Writing** |

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| --- |
| **Services:****Editing / Medical Devices / Medical Translation / Medical Writing / Proofreading / QA** |

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| --- |
| **Field :****Medical / Pharma / Scientific / Veterinary** |

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| --- |
| **Domain :****Cardiology / Dermatology / Diabetes / Gynaecology / Haematology / Hepatology / Immunology / Infectious Diseases / Neurology / Oncology / Paediatrics / Psychiatry / Public Health**  |

|  |
| --- |
| **Languages – please list any languages spoken :** |

Please complete the following:

|  |  |
| --- | --- |
| **I am a current member of EMWA:**  | **YES/NO** |

|  |  |
| --- | --- |
| **My membership number is**:  |  |

|  |  |
| --- | --- |
| **I am freelance (as defined in paragraph 1):** |  **YES/NO** |

By submitting this form, I agree to EMWA holding the information provided on a database, solely for the purpose of displaying my profile on the EMWA Dreelance Directory.

**I understand that EMWA will invoice me for my entry according to the tariff detailed above.**

|  |
| --- |
| **Date:**  |

|  |
| --- |
| **Signature:** |

**How to submit your application**

Please send your completed form, along with a profile picture to:

EMWA Head Office at info@emwa.org

**Do not send payment with your application, we will send an invoice.**