

Digestive Cancers Europe Application for Membership Form

Information about your organisation	
Official name	
Country where registered	
Website address	
Social media platforms and links	
Type	<input type="checkbox"/> patient advocacy <input type="checkbox"/> professional or scientific society <input type="checkbox"/> academic institution <input type="checkbox"/> prevention/educational organisation <input type="checkbox"/> cancer research fundraising organisation <input type="checkbox"/> if other please specify:
Legal registration	<input type="checkbox"/> not-for-profit <input type="checkbox"/> foundation <input type="checkbox"/> charity <input type="checkbox"/> if other please specify
Patient groups you represent	<input type="checkbox"/> colorectal cancer patients <input type="checkbox"/> gastric cancer patients <input type="checkbox"/> pancreatic cancer patients <input type="checkbox"/> all digestive cancer patients (colorectal, gastric, pancreatic and other patient groups) <input type="checkbox"/> all cancer patients <input type="checkbox"/> if other please specify:
Mission statement	
Estimated number of members or member organisations	
Services / activities your organisation provides	<p>Services - Patient support:</p> <input type="checkbox"/> patient support programs <input type="checkbox"/> on-line patient support <input type="checkbox"/> telephone helpline <input type="checkbox"/> providing patient information <input type="checkbox"/> other, please specify: <p>Activities:</p> <input type="checkbox"/> awareness raising campaigns <input type="checkbox"/> working with media/journalists <input type="checkbox"/> working with Government/Health Officials <input type="checkbox"/> working with politicians <input type="checkbox"/> working with clinicians <input type="checkbox"/> working with nurses <input type="checkbox"/> working with regulatory authorities <input type="checkbox"/> working with health technology assessment bodies <input type="checkbox"/> other - please specify:

How do you deliver your operations	<input type="checkbox"/> full time staff <input type="checkbox"/> part time staff <input type="checkbox"/> volunteers <input type="checkbox"/> other, please specify:
Type of membership application (see Principles of Membership Engagement for details)	<input type="checkbox"/> Full Membership <input type="checkbox"/> Associate Membership
By applying for membership we also agree and consent to the following : <ul style="list-style-type: none"> • We endorse the Vision and Mission of Digestive Cancers Europe • We accept the Constitution and the Internal Rules of Digestive Cancers Europe • Our accounting is transparent and available in an Annual Report. This includes the exact amount of money received by funders • We comply with legislation and respect existing codes of Ethics and Privacy 	

We ask that one person is nominated per organisation as a primary contact for Digestive Cancers Europe and also a secondary contact in case the primary contact is not available for communication.

Contact information for your organisation	
Full address	
Primary contact	
Full name	
Title and position in the organisation	
E-mail	
Phone	
Secondary contact	
Full name	
Title and position in the organisation	
E-mail	
Phone	

I DECLARE THE INFORMATION SUBMITTED ABOVE TO BE CORRECT AND ACCURATE Name: Signature: Position: Date:
