

MEMBERSHIP APPLICATION FORM

Individual Members

<i>Title</i>				Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>
<i>First name</i>			Last name			
<i>Employer</i>						
<i>Type of employer</i>	Public <input type="checkbox"/>	Private <input type="checkbox"/>	3 rd sector <input type="checkbox"/>	self-employment <input type="checkbox"/>	other <input type="checkbox"/> please describe:	
<i>Contact address</i>						
<i>City</i>			State/region		Postal code	
<i>Country</i>						
<i>Office Address (if different from contact address)</i>						
<i>Phone</i>	Contact		Office			
<i>Fax</i>	Contact		Office			
<i>e-mail</i>	Contact		Office			
<i>Website</i>						
<i>Is your employing organisation a G-I-N member?</i>	Yes <input type="checkbox"/>	No, but may be interested <input type="checkbox"/>		No, unlikely to be interested or to qualify <input type="checkbox"/>		
<i>Education/Training</i>						
<i>Guideline activities</i>	Production <input type="checkbox"/>	Updating <input type="checkbox"/>	Distribution <input type="checkbox"/>	Implementation <input type="checkbox"/>	Evaluation <input type="checkbox"/> Research <input type="checkbox"/> Other <input type="checkbox"/> please describe:	
<i>Interests/ activities in guidelines work</i>						
<i>Please describe what you consider to be the benefits of joining G-I-N</i>						
<i>Do you possess expertise in a specific area? If yes please describe and indicate if you would be willing to share it with G-I-N</i>						

Please provide any relevant publications, if applicable

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I confirm that I would like to become an Individual G-I-N Member and understand that Individual Members can not vote.

Please invoice me for the Annual Subscription according to G-I-N membership fees.

I confirm that I agree with the Memorandum and Articles of Association, and that I will give proper reference to the original source (both G-I-N and the organisation whose data they use) whenever I use any material from the G-I-N database.

I confirm that I agree for my name and contact details to be mentioned in the members list available on the G-I-N website. I will keep G-I-N informed on any changes in my situation and contact details.

Signature _____

Date _____

Note: Only full application forms will be considered. The G-I-N Office may ask for additional information if deemed necessary for the assessment of the application.

<p>Please return this form together with your Curriculum Vitae to:</p> <p>Ms. Magali Remy-Stockinger Executive Officer, Guidelines International Network, AEZQ – German Agency for Quality in Medicine, TiergartenTower, Straße des 17. Juni 106-108 D-10623 Berlin, Germany Fax: +49-30-4005-2555 E-mail: office@g-i-n.net</p>	<p>Applications for membership will be considered regularly by the membership committee and referred to the Board if needed.</p> <p>An application for membership will not become effective until payment of the appropriate annual membership subscription has been received.</p>
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