

# APPLICATION FORM FOR ORGANISATION

- **Organisational Member** (non-profit-distributing body)
- **Associate Member** (for-profit-distributing body )



<i>Name of organisation</i>			
<i>Founding Year</i>		<i>Start of guideline activities (year)</i>	
<i>Number of staff</i>	total:		working on guidelines:
<i>Website</i>	http://		

**Contact person:**

<i>Title</i>		<i>Sex</i>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
<i>First name</i>				
<i>Last name</i>				
<i>Position</i>				
<i>Address of the organisation</i>				
<i>City</i>		<i>State / region</i>		<i>Postal code</i>
<i>Country</i>				
<i>Telephone</i>		<i>Fax</i>		
<i>E-mail</i>				

**Authorised representative (official signer on behalf of the organization) - if different than above:**

<i>Title</i>		<i>Sex</i>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
<i>First name</i>				
<i>Last name</i>				
<i>Position</i>				
<i>Telephone</i>				
<i>E-mail</i>				

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## Characteristics of the organisation:

<i>Type of organisation (check all that apply)</i>	Academic/research institution <input type="checkbox"/>	Patient/consumer organisation <input type="checkbox"/>	
	Disease specific organisation <input type="checkbox"/>	Private not for profit organisation <input type="checkbox"/>	
<i>Funding of activities (check all that apply)</i>	Health/managed care organisation <input type="checkbox"/>	Professional association/agency <input type="checkbox"/>	
	International organisation <input type="checkbox"/>	State/regional/local government agency <input type="checkbox"/>	
	Medical specialist society <input type="checkbox"/>	Commercial organisation <input type="checkbox"/>	
	National government agency <input type="checkbox"/>	Other, please specify <input type="checkbox"/>	
		Permanent	Temporary/project-based
	Government/state/regional	<input type="checkbox"/>	<input type="checkbox"/>
Industry (e.g. pharmaceutical) <i>If permanent or temporary funding by industry, please specify</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Professional organisation (e.g. nursing, physicians)	<input type="checkbox"/>	<input type="checkbox"/>	
University	<input type="checkbox"/>	<input type="checkbox"/>	
Voluntary/charity	<input type="checkbox"/>	<input type="checkbox"/>	
Other, please specify	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Geographic extent of guideline programme</i>	International <input type="checkbox"/>	Regional/provisional/state <input type="checkbox"/>	
	National <input type="checkbox"/>	Local <input type="checkbox"/>	
<i>Central aim/mission of organisation</i>			

I understand, that membership for organisation is open to

- (i) **Organisational Members:** any corporate body or unincorporated association (or equivalent internationally) which is:
- (A) a non-profit-distributing body or association; and
  - (B) involved in developing, disseminating, implementing, or evaluating clinical practice guidelines, or otherwise active in the guidelines field; and
  - (C) committed to adopting evidence-based practice as the guiding principle for its processes; and

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(D) working in accordance with international standards for clinical practice guidelines; and

(E) transparent about its sources of funding; and

(ii) **Associate Members:** any other corporate body or unincorporated association which does not fall within sub-clause (i) hereof and any individual who is active in the field of clinical practice guidelines.

I confirm that I would like to become an **Organisational Member** (non-profit- distributing body / association). **Please invoice me for the Annual Subscription according to G-I-N membership fees.**

or

I confirm that I would like to become an **Associate Member** (for-profit-distributing body / association). I understand that Associate Members are not eligible either to stand for election to the Board or to 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 organisation's name and information, including 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.

Signature \_\_\_\_\_

Date \_\_\_\_\_

(official signer on behalf of the organisation)

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 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 regularly considered 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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