

APPLICATION FORM FOR ORGANISATION



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

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

Contact person:

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

Authorised representative (official signatory on behalf of the organisation) – if different to above:

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

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Characteristics of the organisation:

Type of organisation (check all that apply)	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"/>		
Funding of activities (check all that apply)	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) If permanent or temporary funding by industry, please specify		<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"/>		
Geographic extent of guideline programme	International <input type="checkbox"/>		Regional/provisional/state <input type="checkbox"/>		
	National <input type="checkbox"/>		Local <input type="checkbox"/>		
Central aim/mission of organisation					

I understand, that membership for organisations 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 organisation / 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 will not use G-I-N and its resources for commercial purposes.

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 signatory 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>Guidelines International Network by email:</p> <p>office@g-i-n.net</p> <p>PLEASE DO NOT SEND APPLICATION FORMS TO OUR REGISTERED OFFICE.</p>	<p>Applications for membership will be regularly considered by the Membership committee and referred to the Board if required.</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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