

ECPC Membership Application Form

ECPC does not charge any membership fee.

If possible, please email the completed form to info@ecpc-online.org. Alternatively, you can print the form, complete in clear BLOCK CAPITALS, and fax to +49 89 62836808, or send by post to ECPC: c/o Michi Geissler, Am Rothenanger 1b, 85521 Riemerling, Germany

Details of your organisation

Organisation Name: (in English)	
Organisation Name: (in your national language)	
Acronym/Abbreviation: (e.g. ECPC)	
Disease Area: (e.g. lung cancer, prostate cancer, general cancer organisation)	
Organization area: LOCAL e.g. Rome or NATIONAL e.g. Germany or REGIONAL e.g. Europe	
General Email Address:	
Website:	
Postal Address:	
Telephone Number: (with country code)	
Fax Number: (with country code)	
Organisation Chairman/President	

Details of your ECPC Representative

Please give the details of the person who will be your ECPC Representative (should be a senior position within your organisation).

First and last name:	
Position of this person in your organisation:	
Email Address of your representative:	
Direct Telephone (if possible):	
Direct Fax (if possible):	

!! IMPORTANT – PLEASE SEND US A PARAGRAPH THAT SUMS UP YOUR ORGANISATION’S ACTIVITIES

ECPC would like to produce a brief summary of member organisations’ aims and activities (including news, successes, challenges etc) in our directory/web-site. **Please include a paragraph of text about your organisation and send it to us along with your completed application form.**

- I have enclosed a brief summary of our organisation in a separate document

Please mark a box with an “x” to show which type of membership you are applying for:

- FULL membership (for non-profit *cancer patient* organisations)
- ASSOCIATE membership (for other non-profit cancer-related organisations, or cancer patient organisations outside of the EU Member States)

In case of FULL MEMBERSHIP:

To become a FULL MEMBER, your organisation must fulfil the criteria below. Please mark each box with an “x” to show that your organisation is eligible to be a full member of ECPC:

- We have the advocacy, support and care of cancer patients and their carers as our main objective
- Cancer patients or their representatives (parents, relatives) are involved in our organisation’s governing body and committees
- Our organisation has a legal status/registration appropriate to its country of origin.
- Our organisation is registered as being non-profit.
- Our organisation is independent of governments, political parties and commercial organisations.
- Support and demonstrate a commitment to ECPC’s vision and mission.

How many cancer patients or their representatives (parents, relatives) are members of your organisation’s governing body and sit on your organisation’s key committees?

Please mark with an “x” the relevant box below whether your organisation offers memberships:

- Yes, we offer formal memberships to individuals or organisations
- No, we do not offer formal memberships to individuals or organisations

If you have members, are they individual patients, patient representatives (parents, relatives), or other cancer patient organisations? (Tick all that apply)

- Yes, memberships for cancer patients
- Yes, memberships for parents and relatives
- Yes, memberships for other individuals: Type of individuals: _____
- Yes, memberships for patient organisations:
- Yes, memberships for other organisations: Type of org.: _____
- No

Approximately how many cancers patients and their relatives does your organisation represent?

If your members include cancer patient organisations, how many patients organisations do you represent?

In case of ASSOCIATE MEMBERSHIP:

To be an ASSOCIATE MEMBER, you must fulfil the criteria below. Please mark each box with an "x" to show that your organisation is eligible to be an associate member:

- Be a cancer-related organisation
- Be non-profi
- Support and demonstrate a commitment to ECPC's vision and mission.

All organisations that do not fulfil the ECPC full and associate membership criteria can apply to become sustaining partners of ECPC.

For both FULL and ASSOCIATE umbrella organisations, please include a list of your member groups or organisations, with full contact details (for general enquiries).

- I have enclosed a list of our member groups or organisations

I confirm that the information above is accurate, and that my organisation is eligible to be a FULL or ASSOCIATE Member as defined above.

Signed: _____

Name and Position: _____

If you are sending this form back by email, please type your name in the signature space above, and mark this box with an "x" instead of signing. Marking this box is equivalent to your signature, and shows you are accepting the statement above.

We hope that all member patient organisations of ECPC will be pleased to publish their details on our website and elsewhere, and want to link their websites to the ECPC website (www.ecpc-online.org). We shall also put a link to your website.