**Application form for becoming a Member Organisation of FIP**

Thank you for your interest in making your organisation a member organisation of FIP.

Please complete this form in order to formalise your application.

If you have any questions, please do not hesitate to approach FIP at ceo@fip.org

|  |
| --- |
| **About your organisation** |
| Name of your organisation (in your language): | Click here to enter text. |
| Name of your organisation in English:  | Click here to enter text. |
| Acronym of your organisation:  | Click here to enter text. |
| Postal address of your organisation: | Click here to enter text. |
| Street and number:  | Click here to enter text. |
| Zip/postal code:  | Click here to enter text. |
| Province/State (if applicable): | Click here to enter text. |
| Country:  | Click here to enter text. |
| Phone number of the organisation (including the country code):  | Click here to enter text. |
| Fax number of your organisation (including the country code):  | Click here to enter text. |
| Website of your organisation:  | Click here to enter text. |
| General email address of your organisation: | Click here to enter text. |
|  |  |
| **Social media of your organisation** |
| Link to your Twitter account (if applicable):  | Click here to enter text. |
| Link to your Facebook page (if applicable): | Click here to enter text. |
| Link to your LinkedIn page (if applicable):  | Click here to enter text. |
|  |  |
| **Your members** |
| About your members:[ ]  All my members are pharmacists[ ]  All my members are pharmaceutical scientists[ ]  I have different types of members: please describe them in details: Click here to enter text.How many paying members do you have (excluding students)? Click here to enter text. |
|  |  |
| **Scope of your activities** |
| My organisation is representing the following fields of our profession (tick all that apply):[ ]  Community pharmacy[ ]  Hospital Pharmacy[ ]  Industrial Pharmacy[ ]  Education[ ]  Pharmaceutical Sciences[ ]  Other(s): please specify: Click here to enter text. |
| My organisation represents pharmacists and/or pharmaceutical scientists at:[ ]  National level[ ]  Subnational level (e.g. a province within my country); please specify: Click here to enter text.[ ]  Supranational level (e.g. in several countries); please specify: Click here to enter text. |
|  |  |
| **Key persons within your organisation:** |
| *President:*First (given) name: Click here to enter text.Family (sur) name: Click here to enter text.Title: [ ]  Mr [ ]  Ms [ ]  Dr [ ]  Prof. Gender: [ ]  Male [ ]  Female [ ]  Do not wish to discloseEmail: Click here to enter text.Phone number (including country code): Click here to enter text.Will your president be the main contact person for FIP?*Please note that most publications and communications from FIP will be done in English. Therefore the contact person for FIP should be fluent in English*[ ]  Yes[ ]  No*If not*: please provide the following information for the main FIP contact person:First (given) name: Click here to enter text.Family (sur) name: Click here to enter text.Title: [ ]  Mr [ ]  Ms [ ]  Dr [ ]  Prof.Function / role / position within your organisation: Click here to enter text.Email: Click here to enter text.Phone number: Click here to enter text. |
|  |  |
| **Your application** |
| My organisation would like to apply as:[ ]  A regular FIP member organisation[ ]  A Predominantly scientific member organisation |
| By applying as a (predominantly scientific) member organisation of FIP, I certify that my organisation:* Is a legally constituted organisation;
* Represents pharmacists and/or pharmaceutical scientists;
* Actively supports, and/or aligns with, the mission and work of FIP;
* Will not undermine, or work against, the mission of FIP;
* Does not represent any group or organisation that could undermine or be perceived to undermine the mission and work of FIP;
* Is not involved in any activity, directly or indirectly by association, that would bring the standing or reputation of FIP into disrepute;
* Will pay its annual membership fee.
 |
| Application made by (name):  | Click here to enter text. |
| Function within the organisation: | Click here to enter text. |
| Signature: |
| If FIP has any questions or needs clarifications about your application, who should we contact? Name contact person: | Click here to enter text. |
| Email: | Click here to enter text. |
|  |  |
| If you would like to share any additional information about your organisation or your application, please feel free to use the space below: Click here to enter text. |

In order to be able to process your application, please do not forget to attach to your application a copy of your bylaws/statutes in one of the four official languages of FIP: English, French, Spanish or German.

Your application form together with the other required document, should be sent no later than 1 July to:

FIP CEO

FIP Head Office

Andries Bickerweg 5

2517 JP The Hague

The Netherlands

Email: ceo@fip.org