**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](mailto: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 disclose  Email: 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](mailto:ceo@fip.org)