

Membership Application Form

Our organisation wishes to join the European Chronic Disease Alliance.

Organisation Name:

Name of Contact Person:

Title of Contact Person:

E-mail:

Organisation Details

Telephone:

Fax:

E-mail:

Website URL:

Address:

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Organisation Information – please tick where appropriate

- European Scope (automatically full member)
- International or National Scope (automatically associate member)
- Not for Profit & Non-Governmental organisation
- Representing a disease or a group of diseases with common risk factors (e.g. tobacco, physical activity, nutrition, alcohol, environment)
- Activity related to the prevention of chronic non communicable diseases
- If funded by the pharmaceutical industry, I certify it is funded by **more than one** pharmaceutical sponsor
- Have at least one health professional and/or patient organizations/disease-specific charity representative in Board

Brief description of your organization

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Details on the work of your organisation in terms of prevention of chronic diseases and/or on common risk factors (e.g tobacco/alcohol consumption, physical inactivity, air pollution, unhealthy diets)

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