ecda
european chronic disease alliance
United to reverse the rise in chronic disease

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: ....

....

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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