**World Bladder Cancer Patient Coalition AISBL**

**Membership Application Form v2020**

The World Bladder Cancer Patient Coalition AISBL presently does not charge any membership fee.

**Details of your organisation:**

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| --- | --- |
| **Organisation Name:**  (in English) |  |
| **Organisation Name:**  (in your national language) |  |
| **Acronym/Abbreviation:**  (e.g. WBCPC) |  |
| **General Email Address:** |  |
| **Website:** |  |
| **Postal Address:** |  |
| **Telephone Number:** (with country code) |  |

**Details of your proposed World Bladder Cancer Patient Coalition Legal Representative:**

Please give the details of the person who will be your legal World Bladder Cancer Patient Coalition Representative.

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

**Details of your World Bladder Cancer Patient Coalition primary contact point:**

Please give the details of the person who will be your main contact point for World Bladder Cancer Patient Coalition – this can be the same as the person listed above.

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

**Details of your World Bladder Cancer Patient Coalition secondary contact point (different to the primary contact point):**

Please give the details of the person who will be your main contact point for World Bladder Cancer Patient Coalition – this can be the same as the person listed above.

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

**Membership Criteria:**

Please select the most accurate answer for each of the following questions.

1. This organisation is:

□ Registered as an association/non-profit with the appropriate national body

□ Registered as a legal entity other than a non-profit

□ Not registered as a legal entity

2. Which country are you registered in?

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3. Our organisation is governed:

□ By a board/committee elected by our membership

□ By a board/committee of individuals who are invited to take up the role

□ By another organisation (e.g. health department/hospital)

□ By an individual

4.a How many people on your governing body have been diagnosed with bladder cancer at any time in their lives?

\_\_\_\_\_\_\_ out of \_\_\_\_\_\_\_\_\_\_

4.b How many people on your governing body are parents, partners, siblings or children of a bladder cancer patient or survivor?

\_\_\_\_\_\_\_\_ out of \_\_\_\_\_\_\_\_\_\_\_

5. Our members are:

□ Patients, their families and carers

□ The general public

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please specify)

6. Are your members required to pay a membership fee?

□ Yes □ No

7. How many members do you have? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. How many of these members are bladder cancer patients/survivors? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. This organisation can best be described as (tick all that apply):

□ supporting or rendering services exclusively to bladder cancer patients and their caregivers;

□ raising awareness, promoting research and empowering organizations that support or render services to bladder cancer patients and their caregivers;

□ being a bladder cancer patient organization.

11. What other national or international organisations/coalitions are you affiliated with? (e.g. Union for International Cancer Control, European Cancer Patient Coalition)

12. Please provide a short description of your organisation:

**Administrative details:**

Please complete and return this form with a digital file of your logo if you are willing for this to be shared on our website.

Are you willing to allow basic organisation details (name, website, country and short description) to be shared via our website?

□ Yes □ No

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| --- |
| **I confirm that the information above is accurate, and that this organisation is independent of authorities, political parties, and commercial and industry organisations.**  **Signed:**  **Date (DD/MM/YYYY):**  **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. |
|  |

When completed this form should be sent to the WBCPC Secretariat by email to [alex.filicevas@worldbladdercancer.org](mailto:alex.filicevas@worldbladdercancer.org)

or by mail to:

Secretariat, World Bladder Cancer Patient Coalition AISBL

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