

ECPC Membership Application Form



European Cancer
Patient Coalition

ECPC does not charge any membership fee.

Please email the completed form to adriana.martins@ecpc.org

Details of your organisation

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

Details of your ECPC Legal Representative

Please give the details of the person who will be your legal ECPC Representative – this should be a member of the governing body within your organisation, preferably your President or Chairman.

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

Details of your ECPC contact point

Please give the details of the person who will be your main contact point for ECPC – this should be a staff member who can liaise with the ECPC office eg Administrative Officer

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?

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 (eg health department/hospital)
- ☐ By an individual

4.a How many people on your governing body have been diagnosed with 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 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 cancer patients/survivors?

9. This organisation can best be described as:

- ☐ An advocacy or support organisation
- ☐ A treatment or support centre, hospital or unit
- ☐ A centre or organisation involved directly in research
- ☐ A fundraising organisation or body
- ☐ A professional, academic or medical society, or university or government department
- ☐ Other: _____ (please specify)

10.a Our work is focused on meeting the needs of:

- ☐ Patients with any kind of cancer
- ☐ Patients with a specific type of cancer (eg GIST, breast, brain tumours)
- ☐ Cancer patients in a specific age group or community (eg young adults, ethnic minorities)
- ☐ An issue relevant but not exclusive to cancer patients (eg patient rights, quality of life)

10.b If you focus on a specific cancer type, patient group or issue, please tick the relevant box below. Please tick as few boxes as possible, indicating only areas you focus on. If you are active across a wide range of areas and cancer types, please select the first box ('All/general') only.

- ☐ Cancer type – All/general
- ☐ Cancer type – Bladder
- ☐ Cancer type – Brain
- ☐ Cancer type – Breast (including Male Breast Cancer)
- ☐ Cancer type – Colorectal
- ☐ Cancer type – Gynaegological (Cervical/Ovarian/Uterine)
- ☐ Cancer type – Head/Neck
- ☐ Cancer type – Kidney
- ☐ Cancer type – Leukaemia
- ☐ Cancer type – Lung
- ☐ Cancer type – Lymphoma/ Waldenström's macroglobulinemia
- ☐ Cancer type – Melanoma/skin
- ☐ Cancer type – MEN/Von Hippel Lindau
- ☐ Cancer type – Myeloma
- ☐ Cancer type – Other (Please email us to let us know what is missing)
- ☐ Cancer type – Prostate
- ☐ Cancer type – Rare Cancer
- ☐ Cancer type – Sarcoma
- ☐ Cancer type – Stomach/GIST
- ☐ Cancer type – Testicular

- ☐ Issue – Genetics and cancer
- ☐ Issue – Patient rights
- ☐ Issue – Research
- ☐ Issue – Social and psychological care

- ☐ Patient group – Children
- ☐ Patient group – Elderly
- ☐ Patient group – Ethnic minorities/immigrants
- ☐ Patient group – Men
- ☐ Patient group – Teenagers and Young Adults
- ☐ Patient group – Women

- ☐ Treatment – Dysplasia
- ☐ Treatment – Blood and bone marrow donation
- ☐ Treatment – Laryngectomy
- ☐ Treatment – Pseudomyxoma
- ☐ Treatment – Stem cell transplatation
- ☐ Treatment – Stoma

11. What other national or international organisations/coalitions are you affiliated with? (eg Europa Uomo, Europa Colon, UICC)

12. Please provide a short description of your organisation here:

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, city/district and short description) to be shared via our website?

☐ Yes

☐ No

Would you like to be send a digital file of the ECPC logo for you to include on your website?

☐ Yes

☐ No

I confirm that the information above is accurate, and that this organisation is fully 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.