



# MEMBERSHIP APPLICATION FORM

Membership of MPE is free

## Organisation details

Organisation name	<input type="text"/>		
Name of President/Chief Executive/Chair	<input type="text"/>		
When was the organisation established	Organisation acronym	<input type="text"/>	
Is your organisation:			
A foundation	Yes	No	
An institute/clinic/hospital/research facility	Yes	No	
Registered as non-profit	Yes	No	Date registered
Contact name	<input type="text"/>		
Address	<input type="text"/>		
Telephone	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>	Website	<input type="text"/>

## Organisation profile

Does your organisation deal with  myeloma only  general haematology  all blood cancers

How many *people/members* are registered with your organisation in total?

How many *myeloma patients* are registered with your organisation?

How many *care-givers/family members/partners* are registered with your organisation?

## Organisation activities

Which of the following do you provide:

Information	Helpline	Support groups	Website
Patient/family days	Advocacy	Research	

Any additional details on your organisational aims and activities:

Are you a member of:

The European Cancer Patient Coalition (ECPC)?	Yes	No
EURORDIS (Rare Diseases Europe)?	Yes	No
The Lymphoma Coalition?	Yes	No

Any other umbrella, European or international organisation. If so, please give the details below.

## Agreement

What type of membership are you applying for?	Full	Associate
I agree with the MPE Constitution	Yes	No
View the Constitution at <a href="http://www.myelomapatientseurope.org">www.myelomapatientseurope.org</a>		