



IOF COMMITTEE OF NATIONAL SOCIETIES
ASSOCIATE MEMBERSHIP APPLICATION FORM: FOR NEW MEMBERS

We wish to apply for **ASSOCIATE MEMBERSHIP***

- * Associate Members enjoy all the benefits of full membership, except for the right to vote at committee meetings. No membership fee is charged for the first two years, but the society must apply for full membership after the initial two years. Full members pay an annual fee of CHF 500.

Please answer all the questions, and attach supporting documentation as requested.

Please type or print clearly and send the form back electronically to Laurence Triouleyre (ltriouleyre@iofbonehealth.org)

Thank you.

BASIC INFORMATION	PRINT CLEARLY OR TYPE YOUR RESPONSE HERE
FULL NAME OF SOCIETY <i>(English)</i>	
FULL NAME OF SOCIETY <i>(National Language)</i>	
COUNTRY	
REGION <i>(If your society represents osteoporosis societies from more than one country)</i>	
OFFICE/SECRETARIAT ADDRESS <i>(To which correspondence should be sent)</i>	
LEGAL ADDRESS <i>(If different)</i>	
TELEPHONE AND FAX NUMBERS <i>(Include country code)</i>	Tel.: Fax:
OFFICE E-MAIL ADDRESS <i>(Mandatory)</i>	

WEBSITE ADDRESS	
<p>REPRESENTATIVE TO IOF <i>(This is the person to whom correspondence from IOF should be addressed and who will participate in IOF meetings.)</i></p> <p>Representative's:</p>	<p>Name:</p> <p>E-mail:</p> <p>Tel.:</p> <p>Fax:</p> <p>Snail mail:</p>
GENERAL INFORMATION	
<p>Is osteoporosis your organization's main priority?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If no, explain your interest in osteoporosis and other areas of activity</i></p>
<p>Year of foundation:</p>	
<p>Are you an independently established organization?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If no, explain your affiliation(s) with other organizations</i></p>
<p>Are you registered charity, foundation or non-profit organization?</p>	<p><input type="checkbox"/> Yes <i>Please attach appropriate legal documentation showing your charity status</i></p> <p><input type="checkbox"/> No</p>
<p>Does your society have <u>registered</u> by-laws or other legal document which describes how you operate and whether your society is legally recognized by the appropriate authorities.</p>	<p><input type="checkbox"/> Yes <i>If yes please attach (with English summary if original is not in English).</i></p> <p><input type="checkbox"/> No <i>If no please explain your legal status.</i></p>

What is your approximate annual operating budget (<i>in USD</i>)	USD: For the year :
Are your accounts audited by an external auditor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional information or documentation which supports your application (please attach)	
MANGEMENT STRUCTURE AND STAFF	
Who runs your society? (<i>Choose one</i>)	<input type="checkbox"/> Management Committee <input type="checkbox"/> Board of directors <input type="checkbox"/> Other (<i>explain</i>) :
Number of people on the board:	
Are these	<input type="checkbox"/> Paid positions <input type="checkbox"/> Volunteer
What are the subcommittees of the board?	<input type="checkbox"/> Scientific/Medical <input type="checkbox"/> Communications <input type="checkbox"/> Fundraising <input type="checkbox"/> Policy <input type="checkbox"/> Administration <input type="checkbox"/> Other
President (<i>Name</i>)	
Chief Executive (<i>Name</i>)	
Secretary/office administrator (<i>Name</i>)	
Number of staff members:	
Are staff	<input type="checkbox"/> Paid positions <input type="checkbox"/> Volunteer
Do you have separate departments of:	<input type="checkbox"/> Communications <input type="checkbox"/> Fundraising <input type="checkbox"/> Policy <input type="checkbox"/> Science <input type="checkbox"/> Education <input type="checkbox"/> Administration
Do you have membership?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>If yes, is your membership comprised of:</p>	<p><input type="checkbox"/> General public <input type="checkbox"/> People with osteoporosis <input type="checkbox"/> Doctors/medical professionals <input type="checkbox"/> Others (<i>explain</i>)</p>
<p>Number of members</p>	
<p>What is the name/position of the person who has daily control of the society?</p>	
<p>What are the professional qualifications of this person?</p>	
<p>Are pharmaceutical companies involved in the management?</p> <p>If yes, please explain:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Who provides the scientific guidance for what the society says about osteoporosis management?</p>	<p><input type="checkbox"/> External scientific society <input type="checkbox"/> Individual medical experts <input type="checkbox"/> Scientific committee that is part of the society</p>
<p>ACTIVITIES OF YOUR SOCIETY</p>	
<p><u>Science</u></p>	<p><input type="checkbox"/> Scientific meetings / conferences <input type="checkbox"/> Continuing medical education <input type="checkbox"/> Medical research <input type="checkbox"/> Medical journal: <input type="checkbox"/> Other:</p>
<p><u>Patient support / Regional support</u></p> <p>Patient support:</p>	<p><input type="checkbox"/> Patient support groups <input type="checkbox"/> Helpline <input type="checkbox"/> Nursing support <input type="checkbox"/> Patient newsletter / magazine: <input type="checkbox"/> Other:</p>

Regional groups:	<input type="checkbox"/> Yes How many? Where? <input type="checkbox"/> No
<u>Policy / Lobbying</u>	<input type="checkbox"/> Government health agencies <input type="checkbox"/> Insurance companies <input type="checkbox"/> Other
<u>Outreach and Education</u>	
General young people education:	<input type="checkbox"/> School education <input type="checkbox"/> Extracurricular
Adult education:	<input type="checkbox"/> Website <input type="checkbox"/> Lectures <input type="checkbox"/> Public days
Media activities:	<input type="checkbox"/> Press conferences <input type="checkbox"/> Interviews <input type="checkbox"/> News service <input type="checkbox"/> Press releases <input type="checkbox"/> Newsletters <input type="checkbox"/> Publications (<i>please include some examples – 7 of each if possible</i>)
<u>Finance and Administration</u>	
Total income in previous year (<i>USD</i>)	USD:
Approximate percentage breakdown of income by source:	
• Individual donations:	
• Corporate sponsorship:	
• Government grants:	
• Conference fees:	
• Licensing name and logo:	
• Trading (retail sales):	
• Investments:	
• Other:	

Who are your main corporate sponsors and approximate percentage of your annual income do they provide:	<p style="text-align: right;">%</p> <p style="text-align: right;">%</p> <p style="text-align: right;">%</p> <p style="text-align: right;">%</p> <p style="text-align: right;">%</p>
Does your organization have an independent bank account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain:	
REASONS FOR WISHING TO JOIN IOF	
How do you expect to benefit from membership of IOF?	
How can you contribute to the IOF global network?	

Name of person completing this form:

Email:

Telephone:

Signature: Date :

Name of Society:

Country:

Please return electronically:

- **the completed form**
- **the documents showing legal status**
- **and summary of activities done and planned for the year to come to:**

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