



IOF Committee of National Societies Membership Application Form

We wish to apply for **FULL MEMBERSHIP**

Available to organizations that are substantially working in the framework of IOF and have legal registered status with by-laws and not-for-profit status

Annual fees: 600 CHF for high income countries or 300 CHF for low income countries (based on the World Bank classification:

<http://data.worldbank.org/about/country-classifications/country-and-lending-groups#LAC>)

We wish to apply for **ASSOCIATE MEMBERSHIP**

Existing or newly established organization which have legal registered status with by-laws and not-for-profit status

*Available for two years maximum

No annual fees

We wish to apply for **ALLIED MEMBERSHIP**

Available to organizations which are not solely working in the framework of IOF, have no by-laws or not-for-profit registered status

No annual fees

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

Please type or print clearly and send the form back electronically to the **IOF HQ Office** (info@osteoporosis.foundation)

Thank you.

SOCIETY INFORMATION	Print clearly or type your response here	
FULL NAME OF ORGANIZATION / SOCIETY / DEPARTMENT (in English)		
FULL NAME OF ORGANIZATION / SOCIETY / DEPARTMENT (National Language)		
COUNTRY		
REGION (If your society represents osteoporosis societies from more than one country)		
OFFICE/SECRETARIAT ADDRESS (To which correspondence should be sent)		
LEGAL ADDRESS (If different)		
TELEPHONE AND FAX NUMBERS (Include country code)	Tel:	
	Fax:	
OFFICE E-MAIL ADDRESS (Mandatory)		
WEBSITE ADDRESS		
SOCIAL MEDIA CHANNELS	FACEBOOK LINKEDIN TWITTER	
What is your type of organization?	Registered not-for-profit organization Hospital / Treatment Center / Research Institute Volunteers Club / Support Group University Dp Other (please specify) -----	
What is the primary focus of your organisation?	Osteoporosis Bone diseases Nutrition Geriatrics Rheumatology Physiotherapy	Endocrinology Gynaecology Orthopaedics Women's health Other (please specify) -----

SOCIETY INFORMATION	Print clearly or type your response here
YEAR OF FOUNDATION	
Are you an independently established organization?	<p>Yes</p> <p>No</p> <p><i>If no, explain your affiliation(s) with other organizations (particularly important for Allied members)</i></p>
Are you registered charity, foundation or non-profit organization?	<p>Yes</p> <p><i>Please attach appropriate legal documentation showing your charity status</i></p> <p>No</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>Yes</p> <p><i>If yes please attach (with English summary if original is not in English).</i></p> <p>No</p> <p><i>If no please explain your legal status (particularly important for Allied members)</i></p>
Additional information or documentation which supports your application (please attach)	

SOCIETY SOURCES OF FUNDING	
Total income in previous year (USD)	USD
Please indicate the approximate percentage breakdown of income by source:	
Individual donations	
Government grants:	
Corporate sponsorship:	
Membership fees:	
Royalties:	
Conference fees:	
Licensing name and logo:	
Trading (retail sales):	
Investments:	
Other:	

SOCIETY STRUCTURE AND CONTACT INFORMATION	
President (Name)	
Chief Executive Officer (Name)	
Secretary/office administrator (Name)	
IOF REPRESENTATIVE (This is the person to whom correspondence from IOF should be addressed and who will participate in IOF meetings)	

SOCIETY MEMBERSHIP	
Do you have membership?	Yes No
If yes, is your membership comprised of:	General public People with osteoporosis / other patients Doctors / medical professionals Scientists / Researchers Others (explain)
Number of members	

AWARENESS	
Have you signed and endorsed the IOF Global Patient Charter?	Yes No
Do you wish to receive more information about the IOF Awareness initiatives?	Yes No

EDUCATION	
Do you wish to receive more information about the IOF Educational resources and training courses?	Yes No

ADVOCACY	
How many Fracture Liaison Services do you have in your country?	
Do you wish to receive more information about the secondary fracture prevention?	Yes No

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 to the IOF HQ Office (email: info@osteoporosis.foundation)

- The completed form
- The documents showing legal status and registration
- A summary of activities done and planned for the year to come including the campaign for the World Osteoporosis Day

IOF HQ Office, 9 rue Juste-Olivier, CH - 1260 Nyon, Switzerland

Fax: +41 22 994 01 01, Tel: +41 22 994 0100, Email: info@osteoporosis.foundation