Application for Membership

<table>
<thead>
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<th>Organization Name</th>
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<tr>
<td>Postal Address</td>
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<tr>
<td>City</td>
<td>Country</td>
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<td>Formal (legally incorporated) or informal organization?</td>
<td>Registration number (if applicable):</td>
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<tr>
<td>Number of members</td>
<td>Year of creation</td>
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<tr>
<td>Number of board members</td>
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<tr>
<td>Website</td>
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<td>Facebook page</td>
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<td>Other social media</td>
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<td>Diseases/Therapeutic areas represented</td>
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<tr>
<td>Main contact person</td>
<td>Position</td>
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<td>Email</td>
<td>Phone</td>
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<tr>
<td>2nd contact person</td>
<td>Position</td>
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<td>Email</td>
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Do you have an affiliation/association with a current INCA member who could provide a recommendation for your organization?

If so, please write name and contact details here: ____________________________________________

Do you have a medical professional or national body who could provide a recommendation for your organization?

If so, please write their name and contact details here: ______________________________

Please check the relevant box to answer the following:

Does your organization have at least two representatives who speak English fluently?  
Yes  
No

Do you have at least one representative who can attend the INCA Annual General Meeting (AGM)?  
Yes  
No

Has your organization been actively promoting/creating awareness of NETs in your area for the past 2 years?  
Yes  
No
Mutual Understanding

The undersigned agrees with the Mission, Vision and the Statements of Purpose of INCA:

Mission Statement:
To be the global advocate for neuroendocrine cancer patients.

Our Vision:
A world where all neuroendocrine cancer patients get a timely diagnosis, the best care and ultimately a cure.

Statements of Purpose:
- Serving as the global voice in support of neuroendocrine cancer patients and facilitator of global action;
- Raising awareness about neuroendocrine cancer among members of the healthcare community and the general public;
- Supporting research to develop better treatments and cures for all forms of neuroendocrine cancer;
- Disseminating accurate information about neuroendocrine cancer;
- Helping members of INCA to better achieve their goals through global collaboration;
- Sharing best practices and experiences with member organizations and other neuroendocrine cancer groups from around the world in order to build their capacity; and
- Mentoring newly established, and guiding those who wish to establish, neuroendocrine cancer patient and patient advocate groups.

The undersigned, if accepted, agrees to:
1) Become a member of the International Neuroendocrine Cancer Alliance, (INCA).
2) To be listed on the INCA website, brochure and any other INCA communication material produced.
3) Contribute, review and endorse policy documents agreed upon by the INCA membership.
4) Where possible, participate actively in INCA initiatives, including Worldwide NET Cancer Awareness Day.

Organization: ___________________________________________ Date: __________

Organization’s Main contact person: ________________________________

Signature: ________________________________

Chair/ President/CEO/Executive Director supporting this application:
________________________________

Signature: ________________________________

Please return this application form electronically along with the following documents:
- A short description of your organization's main activities, goals and mission statement
- Any publication and/or educational materials (if available)