

Application for Membership

Organization Name			
Postal Address			
City		Country	
Formal (legally incorporated) or informal organization?		Registration number (if applicable):	
Number of members		Year of creation	
Number of board members			
Website			
Facebook page			
Other social media			
Diseases/Therapeutic areas represented			
Main contact person		Position	
Email		Phone	
2nd contact person		Position	
Email		Phone	

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)