

## GAAPP - Membership Form

Please complete the membership form to join as a new member with Global Allergy and Asthma Patient Platform (GAAPP).

If you require assistance completing this form, please contact GAAPP-Office +49 (0)171 761 6923 or [info@ga2p2.org](mailto:info@ga2p2.org)

Please note: items marked with asterix \* are compulsory  
All boxes are free text unless otherwise indicated.

* Organization Name	<input type="text"/>
* Street address	<input type="text"/>
* Postal address	<input type="text"/>
* Telephone	<input type="text"/>
*Fax	<input type="text"/>
* Email	<input type="text"/>
Website	<input type="text"/>
* Nominated contact person	<input type="text"/>
*Position	<input type="text"/>
* Nominated contact person's email	<input type="text"/>
* Nominated contact person's phone number	<input type="text"/>

Please note that GAAPP correspondence and communications will be sent to the nominated contact person via email or the organization postal address.

- \* Please indicate if your organization is (more than one option can be selected)
- Patient-Organization Allergy
  - Patient-Organization Asthma
  - Allergy or/and Asthma related medical organization with at least one patient group
  - Caregiver Organization

\* Please indicate if your organization is working in the field of (more than one option can be selected)

- Respiratory Allergies
- Anaphylaxis
- Food Allergies
- Long term-oxygen-therapy
- Others (please indicate)

  
  
  

Please provide an overview of your organization, including services provided and patient demographics: (500 Characters)

- Please select membership preference
- Ordinary Membership (for Patient Organizations and Caregiver Organizations)
  - Associated Membership (for Allergy or /and Asthma related medical organizations with at least one patient group)

## Consent

We give GAAPP permission to use the above organizational details as part of GAAPP's core business  Yes  No

For further information on what purposes your details could be used for please contact GAAPP's Office on +49 (0)171 761 6923 or [info@ga2p2.org](mailto:info@ga2p2.org)

We give GAAPP permission to register our organization as a Member.  Yes  No

Date

Name

Signature

Position

Thank you for completing the membership form.

