

GAAPP - Membership Form

Please complete the membership form to join as a new member with GlobalAllergy and Airways Patient Platform (GAAPP). If you require assistance completing this form, please contact GAAPP-Office +43 (0)676 7534200 or info@gaapp.org.

Please note: Items marked with Asterix * are compulsory. All boxes are free text unless otherwise indicated.

*Organization Name	<input type="text"/>
*Year of establishment	<input type="text"/>
*Street Address	<input type="text"/>
*City, Country & Zip Code	<input type="text"/>
*Telephone	<input type="text"/>
Fax	<input type="text"/>
*Email	<input type="text"/>
*Website	<input type="text"/>
*Facebook page	<input type="text"/>
*Twitter	<input type="text"/>
Instagram	<input type="text"/>
YouTube	<input type="text"/>
*Nominated contact person	<input type="text"/>
*Nominated contact person's e-mail	<input type="text"/>
*Nominated contact person's number	<input type="text"/>
*Position at organization	<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.

Your organization is a:

- National Organization
 Regional Organization

More than one of the following may be selected.

Your organization is:

- Patient Organization for Allergy
 Patient Organization for Asthma
 Patient Organization for COPD
 Patient Organization for Atopic Dermatitis
 Medical Organization with at least one patient group (in allergy, asthma, COPD, or AD)

* Please indicate if your organization is working in the field of:

- Respiratory (Asthma, COPD)
- Allergy
- Food Allergy
- Atopic Dermatitis
- Other: _____

Please provide an **overview** of your organization, including **services provided** and **patient demographics**.

Please give an **example of a project** you are currently working on or one you recently completed successfully.

Please read the following and check if they apply.

- My organization has a separate bank account.
- I have submitted my organization's Statutes.

Consent

We give GAAPP permission to use the above organizational details as part of GAAPP's core business.

- Yes
 No

We give GAAPP permission to register our organization as a Member.

- Yes
 No

Name	<input type="text"/>
Signature	<input type="text"/>
Position	<input type="text"/>
Date	<input type="text"/>

Thank you for completing the membership form. Once complete, please e-mail it to Susanne Hintringer at shintringer@gaapp.org along with your organization's statutes.