

Membership Application Form

Membership of GLCC is free of charge. If possible, please email the completed form to <u>glcc@roycastle.org</u>

Alternatively, you can print the form, complete in clear BLOCK CAPITALS, and fax to +44 (0)141 428 3328 or post to GLCC: Suite 524 Baltic Chambers, 5 Wellington Street, Glasgow, G2 6HJ, UK.

Details of your Organisation

Organisation Name:	
(in English)	
Organisation Name:	
(in your national language)	
Acronym:	
(e.g. GLCC)	
Disease Area:	
(e.g. lung cancer only, general cancer, general	
respiratory organisation)	
Website:	
Social Media Links:	
Postal Address:	
Telephone Number:	
(with country code)	
Organisation Chairperson/President	

Details of your GLCC Representative

Please give the details of the person who will be your GLCC Representative (should be a senior position within your organisation).

Name:	
Position:	
Brief description of role:	
Direct Email Address (if possible):	
Direct Telephone (if possible):	

When was	your	organisation	established?
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What geographical area does your organisation cover?

Is your organisation a Pati	ent organisation or an organisation of Professionals?
Patient	
Professional	
Both Patients and Pro	ofessionals
	u must fulfil the criteria below. Please mark each box with an "x" to on is eligible to become a member:
Key focus on lung ca	ncer patients
Have a legal status a	ppropriate to its country of origin
Be non-profit	
Be independent of go	overnments, political parties and commercial organisations
Support and demons	trate a commitment to GLCC's goals
Organisation has been seen as been seen as been seen as a seen	en established for more than two years
Please mark with an "x" th status:	e relevant box below to indicate your organisation's membership
Membership	
Non membership	
If you have members, how	many of the following members do you have?
Professionals	
Patients	

Please answer the following and where possible provide links to demonstrate your work, for example links to online publications, press releases etc.

• What work does your organisation do in lung cancer?

• Do you offer lung cancer advocacy? If so what type?

• What information on lung cancer do you offer and how is it provided?

• Awareness - how do you raise awareness of lung cancer throughout the year?

• Lung cancer prevention – please provide a brief summary of any initiatives

• What lung cancer activities has your organisation engaged in over the past two years and what would you consider to be your greatest achievements to date?

I confirm that the information above is accurate, and that my organisation is eligible to be a member as defined above.

I confirm if successful, my organisation would be willing to commit to supporting the work of the GLCC and where appropriate taking part in group projects.

Signed:

Name:

Position:

If you are sending this form back by email, please type your name in the signature space above, and mark box with an "x" instead of signing. Marking this box is equivalent to your signature, and shows you are accepting the statement above.