

Application for Membership

| Organisation Name | | | | |
|--|---|---------|---|--|
| Address | | | | |
| Postal code | | | | |
| Country | | City | | |
| Telephone | | Fax | | |
| e-mail | | website | | |
| Contact person's name | | | | |
| e-mail | | | | |
| Telephone | | | | |
| Address (if different from the main office) | | | | |
| Year of creation | | | | |
| Formal (legally incorporated) or informal organisation? | | | | |
| Number of member Organisations | | | | |
| Countries/regions where your organisation is active | | | | |
| Diseases/Therapeutic areas represented | | | | |
| Number of Board Members | Number of Board Members who are patients/family | | | |
| Annual Budget (€) | | | | |
| Do you receive financial support from pharmaceutical companies | Please specify the % of this | | Number of companies funding your organisation | |

Mutual Understanding

The undersigned agrees with the Mission statement and General Objectives of RDI

Mission Statement:

To be a strong common voice on behalf of people living with rare diseases around the world

General Objectives:

- To represent its members and people living with rare diseases internationally
- To promote rare diseases as an International Public Health priority through public awareness and policy
- To enhance capacities of *Rare Diseases International* members through information, exchange, networking, mutual support, potentially joint actions

The undersigned accepts to:

- 1. Become a member of Rare Diseases International
- 2. To be listed on the Rare Diseases International's website, brochure and any other EURORDIS/RDI communication material, as well as its members
- 3. Contribute, review and sign up to policy documents
- 4. Participate actively in Rare Disease Day every year

Rare Diseases International agrees to:

- 1. Represent its members and people living with rare diseases internationally
- 2. Promote rare diseases a an international public health priority
- 3. Enhance Rare Diseases International's member organisations capacity

Please let us know if there are specific actions you would like to get involved in (eg. Position paper, joint project, Short-term Exchange & Internship Capacity Building Programme)

| Organisation | |
|----------------|--|
| Representative | |
| | |
| Date | |
| Signature | |

Please return this application form with the following documents:

- Most recent Annual Report (including the Financial Statement)
- The Statutes/ By-laws of your organisation
- List of your Board of Directors List of your Members