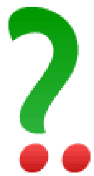

Ciliopathy Alliance

Promoting care and improved quality of life for those with ciliary diseases

APPLICATION FOR MEMBERSHIP OF THE CILIOPATHY ALLIANCE

1. Which category of membership are you interested in *(Please tick ✓)*

☐ **Full (Organisation)**
(Legally constituted non-profit patient organisation)

☐ **Affiliate (Organisation)**
(Patient organisation not yet legally constituted)

☐ **Associate (Individual)**
(Individual who promotes and/or takes part in the activities of the Ciliopathy Alliance

☐ **Associate (Organisation)**
(Organisation which promotes and/or takes part in the activities of the Ciliopathy Alliance

2. Your organisation – if you are applying for organisational membership

Organisation name: ....

Primary contact name: ....

Ciliopathies represented: ....

E-mail .... Website ....

Telephone .... Post/zip code ....

Address ....

City .... Country ....

3. If this is a patient organisation, what is your role *(Please tick ✓)*

☐ Patient

☐ Parent of patient

☐ Medical adviser

☐ Staff

☐ Trustee/Director

☐ Volunteer

If your organisation is a legally constituted, non-profit or charity, please provide the registered number ....

What is the turnover of your organisation ....

4. Your personal details - if you are applying as an individual

First name .... Last name ....

E-mail .... Telephone ....

Address .... Post/zip code ....

City .... Country ....

Signature (individual or authorised representative) Date of Application

....

Please sign and email back to tess.harris@ciliopathyalliance.org or fax to +44 20 7183 5460

Ciliopathy Alliance Ltd | Registered Charity No 1148034
Registered Company No 7842342 | Registered Office: 91 Royal College St, London NW1 0SE
t: +44 20 7387 0543 | **m**: +44 7793 819868 | **e**:tess.harris@ciliopathyalliance.org