APPLICATION FOR HAI EUROPE ASSOCIATION MEMBERSHIP - 2015

Date: ……..

Name: .....

Organisation (Please give acronym, full name, and English equivalent):

.....

Address: .....

.....

Tel. number (work): .....

E-mail: .....

Website: .....

Hereby applies for membership of the HAI Europe Association

I agree to pay a contribution towards network costs * :

- ☐ € 20 for students, those with a low income and the unemployed
- ☐ € 50 for individual members ☐ € 150 as supporting individual member
- ☐ € 250 for institutions ☐ € 500 as supporting institution

(institutional rate covers max. 5 individual members)

☐ I request the HAI Europe Association Board to waive charges for the current calendar year due to

……..

……..

……..

** Please note that an invoice for the appropriate amount will be sent once this application has been approved by the HAI Europe Association Board, and that payment details (credit card or direct bank transfer) will be indicated on the invoice.*

Description of current work

.....

.....

.....

.....

.....

For organisations:

The year the organisation was formally founded: .....

Number of staff: ..... of which ..... permanent and ..... voluntary.

Objectives/Mission Statement:

.....

.....

Please also attach:

1. A copy of your annual report plus each publication or newsletter produced during the past year (where applicable).
2. The completed Conflicts of Interests Form. The information disclosed in this form will not be made available to anyone other HAI Europe membership review group members.

Signature of applicant: .....

Date: .....

Conflicts of Interest for HAI Europe Association Members

Health Action International is an independent global network working to increase access to essential medicines and improve their rational use. Therefore, a condition of membership is independence from influence by the pharmaceutical industry.

The intent of this document is to identify and resolve any potential membership conflict of interest.

Disclosure of Financial Relationships

The existence of any financial or other beneficial relationship with pharmaceutical or medical devices industries that an individual or organisational member has, or has had within the previous twelve months **[five years in the case of new members],** must be disclosed to the HAI Europe Association Board.

Identification and Resolution of Conflicts of Interest

Should a potential conflict of interest be identified, the individual or organisation will be contacted and asked for clarification and/or additional information. Any ambiguous situation will be discussed further with the Chair of the Association Board and Coordinator of HAI Europe.

The HAI Europe Association Board has the right to exclude members because of conflicts of interest that may compromise the independence of members. Incomplete or misleading submission of requested information may also lead to exclusion from membership.

2015 DISCLOSURE OF POSSIBLE CONFLICT OF INTEREST RELATIONSHIPS

IN THE PREVIOUS 5 YEARS (NEW MEMBERSHIP APPLICATION)

I (please print name clearly), ... am completing this form

[ ] as an individual member [ ] on behalf of my organisation

I/my organisation receive funding from the following sources (please list completely):

.....

.....

Please tick as appropriate

A. [ ] To the best of my knowledge, neither I, nor any member of my immediate family, have any financial relationship or other beneficial interest with a pharmaceutical company or any proprietary entity producing health care goods or services that might constitute a conflict of interests.

B. [ ] I have, or an immediate family member has, a financial relationship or other beneficial interest with a pharmaceutical company or another proprietary entity producing health care goods or services that might constitute a conflict of interests.

If you tick B above, please indicate the relationship(s) below. If you are uncertain about any potential conflict of interest, or believe you may have a conflict of interest not listed, please note it in the table below.

Self	Family Member	Self	Family Member
[ ]	[ ] Directorship	[ ]	[ ] Accepting gifts and promotional items
[ ]	[ ] Research Grants		
[ ]	[ ] Educational Grants	[ ]	[ ] Stock/Bond Holdings (excluding mutual funds)
[ ]	[ ] Speakers' Bureaus	[ ]	[ ] Employment
[ ]	[ ] Ownership	[ ]	[ ] Corporate Partnership
[ ]	[ ] Consultant for Fee	[ ]	[ ] Accepting commercial advertising in publications
[ ]	[ ] Free Travel	[ ]	[ ] Other (please note in table below)

Please indicate the names of the pharmaceutical or medical devices companies or other organisations with which you have a financial relationship and which may present a conflict of interest. Please also specify the nature and extent of any benefit.

Name of company or organisation	Nature and extent of benefit

I declare that this information is correct and no other competing interests are known to me. I undertake to inform the HAI Europe office of any change in these circumstances.

This document will be kept in the HAI Europe office and made public to every interested HAI member only by request. This disclosure of possible conflicting interests will be updated annually by each member of the HAI Europe Association.

Signature: ..... **Date:** .....