Application Form

Version October 2021

# General

Association/organisation:

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Website |  |
| Logo | *Please attach your logo in high res to your submission* |

Contact person:

|  |  |
| --- | --- |
| Name |  |
| Email |  |
| Phone |  |

Governance:

|  |  |
| --- | --- |
| Organisations/ members represented |  |
| How you are funded |  |
| Is the organisation non-profit? |  |

# How and why to join the Alliance

We want to join as (please select):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Partner |  |  | Affiliated organisation |

|  |  |
| --- | --- |
| Motivation for joining |  |
| Current activities in Value in Health |  |

# Confirmation

We commit to the vision, mission, and key principles of the Alliance:

|  |  |
| --- | --- |
|  | Yes |

We commit to the expected contribution to the Alliance, as defined in the ‘Joining the Alliance’ brochure:

|  |  |
| --- | --- |
|  | Yes |

We allow the European Alliance for Value in Health to display our logo on their website to list us as a Partner/Affiliated organisation:

|  |  |
| --- | --- |
|  | Yes |