

**MEMBERSHIP FORM**

Join ENGAGe and benefit from the opportunity to apply for a grant to attend the ENGAGe Patient Advocacy Seminar taking place each year, at the same time as the ESGO Conference. You will also benefit from participating in ENGAGe projects and enjoy the networking and educational opportunities within the network.

Membership of the ENGAGe network is free.

***Name of your patient advocacy group/organisation:***

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***Country:***

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***Contact Name:***

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*Position in patient advocacy group/organisation:*

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*Contact Email Address: Phone No:*

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*Organisation/patient group email: Website (if any):*

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***Person representing patient advocacy group (PAG) at ENGAGe*** *(do not fill if same as contact person)*

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***Is the person representing Patient Advocacy Group (PAG) at ENGAGe a survivor/patient/volunteer? If survivor/patient – which type of gynae cancer? \****

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***Description of your organization/patient group, its mission, structure and activities*** *(150 words)*

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*Does the patient group have actively maintained social media platforms? (Facebook, twitter, Pinterest, etc.). If yes, please copy the addresses of these platforms here:*

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*Constitutional group´s document (e.g. articles of association) or relevant document of group registration is a mandatory part of the application.*

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*I agree to share the contact email and the group emails as stated above within the ENGAGe network.*

*By signing this form you agree to become a member of ENGAGe.*

*ESGO/ENGAGe abide GDPR policy on personal data protection. Full information about ENGAGe privacy policy can be found here:* <https://engage.esgo.org/privacy-policy/>

*Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Name: \_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\*to fill this field will help us work with you on specific projects which are being processed by ENGAGe. If you agree, it would be appreciated to send us a photo of the representative to insert it into our internal Members´ Book. This Members´ Book is not shared with any third party.*