

**MEMBERSHIP FORM**

**Skilled based volunteer**

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 and Surname:***

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***Country:***

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*Contact Email Address: Phone No:*

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***How did you get to know about ENGAGe?***

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***Why do you want to get involved in ENGAGe activities? (****\*****Which type of gynae cancer are you interested in?)***

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***Describe in which field are you able to help/support/be involved:***

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

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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/*](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.*