**Membership application form**

**REMEDi4ALL Funders Network**

**December 2023**

**Version 1.1**

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| **Version** | **Date** | **Changes** |
| 1.0 | October 2023 |  |
| 1.1 | December 2023 | Reference to REMEDi4ALL privacy policy added |
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| In order to request membership, please complete this application form and send it + a logo of your organisation to [REMEDI4ALL@zonmw.nl](mailto:REMEDI4ALL@zonmw.nl). Please state the details of your organisation, your motivation to join the REMEDi4ALL Funders Network and the value that your organisation will add to the network.  The information you provide will only be used for the purposes of the REMEDi4ALL Funders Network. By submitting this Membership application form you consent to the use of your data as described in the REMEDi4ALL Privacy Policy statement (see <https://remedi4all.org/privacy-policy/>).  Once we have received your membership application and logo of your organisation, membership application will be considered and we will inform you about the decision as soon as possible. | | | |
| 1. Organisation contact information | | | |
| Name of your organisation (English) | Please enter your reply here. | | |
| Name of your organisation (native language) | Please enter your reply here. | | |
| Abbreviation | Please enter your reply here. | | |
| Country of residence | Please enter your reply here. | | |
| Organisation website | Please enter your reply here. | | |
| Type of organisation | NGO  Industry | | Government  Other; If other, please specify here. |
| 1. Funding information | | | |
| Does your organisation fund research? | Yes | | No (go to 3.) |
| Source of funding | Private | | Public |
| Funding level (geographically) | International  Regional (e.g. EU only) | | National |
| Does your organisation fund drug repurposing research? | Please select one option. If other, please specify here. | | |
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| 1. Motivation to join the REMEDi4ALL Funders Network | | | |
| Why does your organisation want to join the REMEDi4ALL Funders Network? | Please enter your reply here. | | |
| Please describe the activities of your organisation and explain how this relates to the objectives outlined in the charter. | Please enter your reply here. | | |
| What will your organisation specifically contribute to the REMEDi4ALL Funders Network to help advance its purpose and objectives? | Please enter your reply here. | | |
| Please nominate a dedicated person who will represent your organisation in the REMEDi4ALL Funders Network and will be the point of contact | | | |
| 1. A. Information of representative and/or point of contact | | | |
| Name | Please enter your reply here. | | |
| Email address | Please enter your reply here. | | |
| Function | Please enter your reply here. | | |
| 1. Information of official representative (in case this is not the point of contact) | | | |
| Name | Please enter your reply here. | | |
| Email address | Please enter your reply here. | | |
| Function | Please enter your reply here. | | |
|  |  | | |
| I agree to commit to the REMEDi4ALL Funders Network objectives and principles | | | |
| Name of point of contact  Please enter your reply here. | | Date  Click to select a date. |  |
| Name of official representative  Please enter your reply here. | | Date  Click to select a date. |  |