

Joining the IKCC Network: Application Form

Please email the completed and signed form to:

Julia Black

IKCC Operations Manager

contact@ikcc.org

IKCC is an independent and democratic network of patient support and advocacy organisations established with the mission of improving the lives of kidney cancer patients and their families globally. IKCC provides information, support and assistance to national and regional kidney cancer organisations. All organisations and individuals with a specific focus on kidney cancer are welcome to apply for membership. IKCC does not charge any membership fees at this time.

Category of Membership:



Affiliated Organisation

**IKCC is a registered legal entity, a non-profit foundation in the Netherlands registered as:
Stichting IKCC, Reg.-No. KvK 62070665**

**By completing, signing and submitting this application form we / I acknowledge and fully accept the
IKCC's constitution (Deed of Incorporation) dated 9th December 2014.**

(The Deed of Incorporation can be downloaded in Dutch and English at www.ikcc.org)

**Stichting IKCC
International Kidney Cancer Coalition**



Joining IKCC as an Affiliate Organisation:

An established organisation that has a specific mandate to support kidney cancer patients is invited to apply to join IKCC as an Affiliate Organisation.

Please check each box below with an 'x' to confirm your organisation's eligibility to join IKCC as an Affiliate Organisation.

Our organisation:

- has a focus on providing services to and/or supporting patients with kidney cancer, and raising awareness, promoting research or empowering organisations that are focused on supporting those affected by kidney cancer
- is recognised and/or registered as a non-profit organisation
- is willing to abide by the IKCC's Code of Conduct in addition to adhering to the strict ethical guidelines for charities and non-profits according to their own national contexts
- is willing to work with and co-operate with other organisations having the same objectives

For organisations applying to join IKCC as an Affiliated Organisation:	
Country / Region:	
Organisation name: (in native language):	
Organisation name: (English translation):	
Abbreviation (e.g. IKCC):	
Website:	
Social media contacts:	Facebook:
	Twitter:
	Youtube:
	Linkedin:
	Instagram:
	Other:
Email address:	
Telephone:	Country code: Phone:
Postal address:	

Our organisation is also a member of following networks or umbrella organisations:	
Founding year of our organisation:	
Legal status of our organisation:	
We are representing approximately (number of people) affected by kidney cancer:	
Our organisation has strengths or experience in the following topics that could contribute to IKCC:	
Our organisation has developed the following projects, activities and/or services to support kidney cancer patients:	

Organisation's main contact person for IKCC: Contact details	
Title:	Mr. / Mrs. / Ms. / Prof. / Dr.
First name:	
Middle name:	
Family name:	
Nationality:	
Email address:	
Telephone landline:	Country code: Phone:
Telephone mobile:	Country code: Phone:
Social media contacts:	Facebook:
	Twitter:
	Youtube:
	Linkedin:
	Instagram:
	Other:
Postal address:	

Terms of Agreement

These terms of agreement apply to Affiliated Organisations.

We / I understand participation in IKCC is free of charge at this time. However, such a network depends on the active participation of the affiliates, therefore engaged participations and contributions are encouraged.

We are / I am aware IKCC welcomes corporate donations, grants and sponsorship to fund certain projects and to enable the foundation to grow and develop. All financial relations with the healthcare industry are based on our "Code of Conduct" to secure independency and transparency. (This document is publicly available and can be downloaded in English under www.ikcc.org)

I confirm the information above is correct and that my organisation is eligible to join IKCC as defined above.

Signed:

Name:

Organisation:

Position:

Date:

Thank you for your application.

The IKCC Board of directors will review the information as submitted and reserves the right to make all final decisions regarding membership

For office use only:

Approval status:

Date:

Signature: