



TREAT-NMD Membership Application Form

Membership of TREAT-NMD is open to individuals, organisations, academic institutions, patient/disease organisations, and industry.

Applicant or Main Contact:

Name: _____

Institution: _____

Address: _____

Tel: _____

Fax: _____

E-mail: _____

Web site: _____

Membership Category (please tick one box)

- Individual
- Academic
- Clinician
- Patient/disease organisation
- Industry

Please give a short description of your involvement in neuromuscular disorders that would be of benefit to TREAT-NMD (maximum of 200 words)

Implementation of TREAT-NMD

How can you contribute to the aims and goals of TREAT-NMD? What would you need to help with implementing TREAT-NMD in your country/network? (200 words maximum)

I agree to abide by the TREAT-NMD Members' Charter and will acknowledge the TREAT-NMD Neuromuscular Network in my activities that are directly linked to the Network. I will also inform the TREAT-NMD Network of my planned future activities related to the Network.

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Signature

.....
Date

Please return this completed form to:

Stephen Lynn
TREAT-NMD Network Manager
Institute of Human Genetics
Newcastle University
International Centre for Life
Newcastle upon Tyne
NE1 3BZ
United Kingdom

Email: stephen.lynn@treat-nmd.eu
stephen.lynn@ncl.ac.uk