Thank you for your interest in joining the MPN Advocates Network.

Patient organizations are eligible to apply for membership of MPNAN, as long as they meet the following criteria:

* Have a sole or partial focus on providing services to and/or supporting patients with MPN.
* Are recognised and/or registered as a non-profit organisation in good standing in their country.
* Are willing to work with and co-operate with other member organisations having the same objectives.

*If you do not currently meet the criteria for membership but are interested in starting a MPN group in your own country, please email* [**mpnadvocatesnetwork@gmail.com**](mailto:mpnadvocatesnetwork@gmail.com)

**Please provide the following personal information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Organization** |  | | | |
| **Registration number** |  | | | |
| **Contact Name** |  | |  | |
| **Contact Address** |  | |  | |
| **Contact City** |  | **Prov./State** | | |
| **Contact Country** |  | | |  |
| **Contact telephone #** |  | | |  |
| **Contact email address** |  | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Website Address** |  | | |
|  | **Name of Social Media Platform, Face book, twitter, You tube,Instagram** | **Updated Regularly**  **Yes or No** | **Private or Open Portal** |
| **Social Media #1** |  |  |  |
| **Social Media #2** |  |  |  |
| **Social Media #3** |  |  |  |
| **Social Media #4** |  |  |  |
| **Other** |  |  |  |

**Your organization:**

* Has a full or partial focus on providing services to and/or supporting patients with MPN.
* Is recognized and/or registered as a non-profit organization in good standing in our country.
* Is willing to share and work with other member organizations to build a strong MPN global community

**Please provide a brief description of your organization, including the programs, activities or services that support patients with MPN**

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**Your organization has experience in the following topics that could contribute to MPNAN.**

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**Number of members or patients your organization represents today: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If you have any questions, comments or concerns, please list them here or email us at** [**mpnadvocatesnetwork@gmail.com**](mailto:mpnadvocatesnetwork@gmail.com)

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