

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 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

Please provide the following personal information:

Name of Organisation	
Registration number	
Contact Name	
Contact Address	
Contact City	
Contact Country	
Contact telephone #	
Contact Email	

	Name of Social Media Platform (Facebook, Twitter, YouTube, Instagram)	Updated Regularly Yes or No	Private or Open Portal
Social Media #1			
Social Media #2			
Social Media #3			
Social Media #4			
Other			
Website:			

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

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

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