#

# MEMBERSHIP APPLICATION FORM

To apply for membership of Childhood Cancer International, please fill out this form completely and in English. Please attach the required documents. Send the application by e-mail to: admin@cci.care. Your application will be discussed at the next Mid-Year Board Meeting and/or the Annual General Assembly.

**Please attach:**

* The Organization’s Charter, Statutes or Bylaws
* A list of Board of Trustees composition with a short biography of each member, indicating if they are:
	+ parents of a child/adolescent with cancer,
	+ other family members involved in the direct care of the child/adolescent with cancer (e.g., siblings, legal guardians, grandparents, aunts/uncles, first cousins),
	+ survivors of childhood cancer diagnosed from birth to age 19 who are now adults.
	+ OR others like doctors, nurses, psychologists, businessmen/women, lawyer, etc.
* A list of paid staff (if any)
* A brochure describing your organization (*not needed if you have a website*)
* Logo of your organization
* Your latest (audited) annual accounts, or if it is on your website add the link here:

If you have any questions, please contact CCI at admin@cci.care

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| 1. General Information |
| Name of Organization |  |
| Abbreviation / Short Name |  |
| Address |  |
| Zip code |  |
| Country |  |
| Region (Africa, Asia, Europe, Latin-America, North America, Oceania) |  |
| Telephone Number |  |
| Social Media Account Addresses (Facebook, Twitter, Instagram, etc.) |  |
| Name and Position of Contact Person(s) |  |
| E-mail addresses (Organization and Contact Person(s) |  |
| Authorized Representative(s) at the Annual General Assembly of CCI |  |

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| 2. Structure of Organization |  |
| Mission Statement |  |
| Year of formation of your organization |  |
| How many local groups or chapters does your organization have? |  |
| How often does your board meet per year? |  |
| BOARD OF TRUSTEES COMPOSITION |
| Number (N.) of members on board |  |
| N. of voting members |  |
| N. of parents of child/adolescent with cancer in board |  |
| N. of survivors in board |  |
| N. of siblings in board |  |
| N. of other family members in board (legal guardians, grandparents, aunts/uncles, first cousins involved in the direct care of the child/adolescent with cancer) |  |
| N. of professionals nonparents (doctors, nurses, psychologists, social workers, etc) in board |  |
| N. of corporate members nonparents in board |  |
| N. of others nonparents (business men/women, lawyer, etc) in board |  |
| VOLUNTEERS AND MEMBERSHIP INFORMATION |
| N. of volunteers involved in the activities and services of your organisation |  |
| If you have membership, number of members of your organization  |  |
| N. of parents as members |  |
| N. of family members as members |  |
| N. of survivors as members |  |
| N. of siblings as members |  |
| N. of professionals as members |  |
| N. of corporate members as members |  |
| N. of others as members |  |
| STAFF INFORMATION |
| Total number of staff |  |
| What are the titles and roles of your paid staff? |  |
| N. of paid/salaried staff full time |  |
| N. of paid/salaried staff part time |  |
| N. of volunteer staff full time |  |
| N. of volunteer staff part time |    |
| OFFICE INFORMATION |
| Do you have an own office or rented office?  | [ ]  YES [ ]  NO |
| Do you have any sub-offices? how many |   |

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| 3. Services and programmes of organizationPlease list the types of activities or services your organization provide.Yes/no, what, how often |
| newsletter |  |
| magazine for young adults |  |
| magazine for children |  |
| website |  |
| Use social networks for broadcast or education |  |
| written information (books, brochures) |  |
| audiovisual information (CD's, DVD’s, video's) |  |
| digital information (CD-ROMs) |  |
| conferences |  |
| parents programmes |  |
| siblings programmes |  |
| children programmes |  |
| teenagers programmes |  |
| survivors group or programmes |  |
| grandparents programmes |  |
| bereaved parents programmes |  |
| bereaved siblings programmes |  |
| school programme &/or information for schools |  |
| School reintegration programs |  |
| Labor protection programs and employment opportunities |  |
| Vocational counseling services (survivors) |  |
| parent house(s) |  |
| camps |  |
| other recreational programmes |  |
| involved in setting up treatment guidelines  |  |
| training programmes for professionals |  |
| advocacy |  |
| direct medical or treatment assistance  |  |
| provide funds to create a childhood cancer ward |  |
| provide funds for playrooms, play areas etc. |  |
| subsidize salaries of hospital staff |  |
| own a hospital or medical facility  |  |

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| 4. Area of work of organisationYes/no, what activities where? |  |
| local |  |
| provincial/regional |  |
| national |  |
| affiliation with hospital(s)\* |  |
| member of national organisation |  |
| affiliation with national organisation |  |
| INTERNATIONAL PROGRAMMES OF ORGANIZATIONYes/no, with whom |
| twinning project and with whom |  |
| international support programme |  |
| SERVICES AND PROGRAMMES OF LOCAL CHAPTERS (if applicable)yes - what - how often |
| newsletter |  |
| magazine for young adults |  |
| magazine for children |  |
| website |  |
| written information (books, brochures) |  |
| audiovisual information (CD’s, DVD’s, video's) |  |
| digital information (CD-ROMs) |  |
| conferences |  |
| parents programmes |  |
| siblings programmes |  |
| children’s programmes |  |
| teenagers programmes |  |
| survivors group or programmes |  |
| grandparents programmes |  |
| bereaved parents programmes |  |
| bereaved siblings programmes |  |
| school programme &/or information for schools |  |
| parent house(s) |  |
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| direct medical or treatment assistance  |  |
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| subsidize salaries of hospital staff |  |
| own a hospital or medical facility  |  |

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| 4. Budget of organization |  |
| What is the annual budget of your organization in Euro? |  |
| SOURCES OF FUNDS |
| membership fees |  |
| fund raising/donations |  |
| support from government  |  |
| grants from public and private funds and trusts |  |
| sponsoring |  |
| sales of products, etc.  |  |
| other sources of funding |  |

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| 5. Achievements |  |
| N. of children with cancer being assisted/provided for IN the last two years |  |
| and total in the last 6 years |  |
| Major breakthroughs as a result of advocacy initiatives in the last five years |
| 1 |
| 2.  |
| 3  |
| 4. |
| 6. |

The standard annual fee for CCI membership is 600 euro per year for members coming from high income countries (according to the [World Bank classification](https://datahelpdesk.worldbank.org/knowledgebase/articles/906519)) or that fall within the designated annual income bracket. Eligible for a reduced fee are organizations from middle income countries (€ 300) and low-income countries (€ 150), as well as newly organized associations, affiliate organizations and non-profit organizations (3 years and less), with limited resources. The latter can also request “adoption” by a more financially stable CCI member organization. Applications for fee reductions should be sent at the beginning of the year.

Do you wish to apply for reduced membership fees? [ ]  YES [ ]  NO

Hereby we accept the covenant of CCI that all organizations with voting rights in one country can have one vote at the General Assembly.

Do you have another association with another cancer organization? [ ]  YES [ ]  NO
(for example UICC, WCC…)

Which association(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Chairperson \_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Chairperson \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please don’t forget to attach:**

* The Organization’s Charter, Statutes or Bylaws
* A list of Board of Trustees composition with a short biography of each member
* A list of paid staff (if any)
* A brochure describing your organization (*not needed if you have a website*)
* Logo of your organization
* Your latest (audited) annual accounts, or if it is on your website add the link here:

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**Thank you for completing this application.**We look forward to contacting you with the CCI Board’s and AGA’s decision.