

ORGANISATIONAL MEMBERSHIP FORM

APPLICANT INFORMATION

Salutation (Mr, Ms, Mrs, Dr, Prof. ...) - First name - Middle Initial - Last Name - Qualification (PhD, MD, MPH, Msc, MBChB...)

Job title

Address (line 1)

Address (line 2)

City State Post Code Country

Email Fax (with country code)

Phone (with country code) Mobile (with country code)

Organisation

Organisation type: Hospital NGO Not-for-profit University Clinic Medical/University Library Foundation
Military Private Practice Government Services National Programme Private Sector

Other

MEMBERSHIP INFORMATION

Application for: Organisational Membership*

Union Region: Africa Asia Pacific Europe Latin America Middle East North America South-East Asia

Preferred language: English French Spanish

I confirm that my organisation shares the same aims as The Union

I confirm that my organisation is not directly affiliated to the Tobacco Industry

I agree to receive other information from The Union (conferences, courses etc.) by email

I agree for my contact details to be shared with other Union members in the online Member Directory

(*) Union membership is valid from the date of enrolment until the date of anniversary year(s)

(**) Membership fees are listed [here](#)

YOUR UNION SECTION

Select your Section/Sub Section (only one)

Join email list (tick any)

TUBERCULOSIS SECTION (TB epidemiology, diagnosis, care, treatment, prevention, biology)

Bacteriology and Immunology SUB-SECTION (laboratory testing, microbiology, pathogenicity, immunology)

Nurses & Allied Professionals SUB-SECTION

(Nurse, patient-centered care, education & training, allied professionals, mobilisation)

Zoonotic TB SUB-SECTION (TB caused by *Mycobacterium bovis* in humans & other species)

ADULT AND CHILD LUNG HEALTH SECTION (COPD, asthma, childhood TB, respiratory diseases and NCDs)

Nurses & Allied Professionals SUB-SECTION

HIV SECTION (HIV-associated TB, HIV/TB integration, HIV and opportunistic infections, HIV/TB)

Nurses & Allied Professionals SUB-SECTION

TOBACCO CONTROL SECTION (Smoke-free, stop tobacco promotion, raise taxes, help to quit)

Nurses & Allied Professionals SUB-SECTION

Send this form, your conflict of interest form, and the aims and mission of your organisation

to membership@theunion.org or fax: (+33) 1 43 29 90 87

The Union guarantees that no private data will be shared with third parties. Under the civil liberties protection laws, you are entitled to contact The Union and check, consult or remove any data that concerns you.

To do so, please contact membership@theunion.org

Please note: Organisation memberships are approved by The Union Board of Directors.
