PMS GO Delegate Membership Application Form

Delegate Membership Application

Thank you for your interest in joining PMS GO as a Delegate Member.

This membership category is intended for:

- Families or individuals affected by Phelan-McDermid syndrome, and
- Informal groups or communities in countries where no officially registered PMS association currently exists.

Delegate Members may participate in PMS GO activities and attend the General Assembly with voice but without vote, as established in the PMS GO statutes.

Section 1. Applicant Information

Name (individual or group): _____

Country: _____

Email Address: _____

Phone Number: _____

If you are an informal group, please briefly describe your community (e.g., number of families, how you connect):

Section 2. Motivation to Join PMS GO

Please briefly explain why you would like to join PMS GO and if you want we would appreciate if you could describe how you hope to participate in the global PMS community:

Section 3. Confirmation

Please confirm the following:

☐ I understand that Delegate Members may participate in PMS GO activities and attend the General Assembly with voice but without vote.

☐ I agree to follow PMS GO's statutes, values, and collaborative principles.

☐ I confirm that the information provided is accurate.

Name of applicant: _____

Signature: _____

Date: _____

For PMSGO Association Use Only

Application Received: _____

Reviewed By: _____

Date Reviewed: _____

Decision:

☐ Approved

☐ Additional Information Required

☐ Not Approved

Comments: