PMS GO Professional Partner Membership Application Form

Professional Partner Membership Application

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

This membership category is intended for:

- Individuals and organizations such as clinicians, researchers, NGOs, and rare disease associations who wish to formally engage with the Association.

Professional Partner Members will be invited to meetings and have a voice in PMS GO, as established in the PMS GO statutes.

Section 1. Applicant Information

Name (individual or group): _____

Country: _____

Email Address: _____

Phone Number: _____

Please describe briefly your relationship to PMS and/or rare diseases:

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 contribute to the global PMS community:

Section 3. Confirmation

Please confirm the following:

☐ I understand that Professional Partner Members will be invited to meetings and have a voice in PMS GO, as established in the PMS GO statutes.

☐ 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: