



Seeking A Cure For
Retinitis Pigmentosa, Macular Degeneration,
Usher Syndrome and Allied Retinal Dystrophies

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APPLICATION TO JOIN RETINA INTERNATIONAL

Category: Candidate member

Becoming a candidate members is a preliminary step to full membership.

Please return this signed application form, together with all required documents
to: info@retina-international.org [telephone +353 1 4720468.]

1. ORGANIZATION

Name of Organization:

Telephone number [plus international code]:

Facsimile number:

Email address:

Website:

Is this a national, international or regional organization?

Are there any other similar retinal organizations in your country or internationally?

Are you in contact with these groups?

What retinal conditions do you cover? [Tick]

Retinitis Pigmentosa

Usher Syndrome

Juvenile Macular Dystrophies

Age Related macular Degeneration

Specify which other allied retinal conditions:

2. CONTACT PERSON

Name:

Title:

Position in Organization:

Telephone Numbers [plus international code]

Office:

Home:

Mobile:

Email address:

3. BOARD

Names of Members of Board or Organizing Committee [Add patient status e.g. RD patient, Parent of RD patient, Family member etc] and responsibility e.g. Chairman, Treasurer, Secretary, Public relations, Board member.

According to the Retina International Constitution:

- *The majority of the Board members must be affected persons or their families.*

1.

2.

3.

4.

5.

[Add more if necessary]

How often does the board meet?

Specify: Physical/Teleconference/ Video conference etc

4. LEGAL STATUS

- a. Is your organization registered as a charity or NPO or similar in your or other country?**

Yes:

Please attach a copy of the registration certificate and specify in which country registration is held.

No:

Please explain what other system is in use in your country / other country to regulate non profit organizations and are you registered under this system:

b. Objectives of your organization

According to the Retina International constitution:

- *The objective of the organisation must be to focus wholly or mainly on retinal diseases*

Do your objectives match this?

If not explain briefly what your objectives are:

c. Do you have a constitution?

Yes:

Please attach a copy.

No:

Please explain what system is in use in the country of registration to govern how a non profit organization works and do you have such a document:

d. Do you have an auditors report?

Yes:

Please attach.

No:

Please explain what financial controls are used in your country of registration to govern expenditure of NPO's and do you comply with these controls:

5. SCIENTIFIC AND MEDICAL ADVISORY BOARD

According to the Retina International Constitution:

- *The Organisation must have established a Scientific and Medical Advisory Board, which ideally should consist of Scientists and Doctors from Academic or Government institutions, rather than from private medical practices.*

Names of members, their field of specialty and Institution at which they work:

1.

2.

3.

4.

[add more lines if needed]

Please attach a short CV for each with email addresses].

How often does the board meet?

6. PATIENT SUPPORT

Do you publish a patient orientated newsletter?

Yes:

Frequency:

Format:

Does your organization have patient members and if so how many?

Yes:

Total:

If NO, how is your organization structured:

Do you have meetings to educate patients:

If Yes, what format and how frequently:

If NO, how do you plan to improve patient education:

Do you have a patient support structure?

If Yes, specify format: Telephone/ email etc:

If No, are you planning such a service:

7. RESEARCH

Do you support research?

Where and to what value [EU annually]:

Do you have a patient registry?

Yes:

In house?

NO

If NO: Indicate which institution if any, maintains a registry of patients names and conditions:

8. RETINA INTERNATIONAL

Do you intend to attend the next Retina International Congress?

Are you aware of the benefits and obligations of becoming a member of Retina International?

Yes

No [if not please request this information]

Please supply a short paragraph of your activities in your language of preference for inclusion on the Retina International website. Please attach your Logo. This will be published with the contact details of your organization should your application be successful:

Please provide Retina International with any further information in support of your application:

NB: If any of the documentation requested has already been submitted to Retina International please indicate this in the appropriate section.

9. AGREEMENT

On behalf of the organization, we the undersigned, duly authorized to do so by the Board, agree to abide by the rules and constitution of Retina International.

Signature 1:

Signature 2:

Name:

Name:

Position :

Position:

Date:

Date: