



## TREAT-NMD Membership Application Form

Membership of TREAT-NMD is open to individuals, organisations, academic institutions, patient/disease organisations, and industry.

**Applicant or Main Contact:**

Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Web site: \_\_\_\_\_

Membership Category (please tick one box)

- ☐ Individual
- ☐ Academic
- ☐ Clinician
- ☐ Patient/disease organisation
- ☐ Industry

Please give a short description of your involvement in neuromuscular disorders that would be of benefit to TREAT-NMD (maximum of 200 words)

Implementation of TREAT-NMD

How can you contribute to the aims and goals of TREAT-NMD? What would you need to help with implementing TREAT-NMD in your country/network? (200 words maximum)

I agree to abide by the TREAT-NMD Members' Charter and will acknowledge the TREAT-NMD Neuromuscular Network in my activities that are directly linked to the Network. I will also inform the TREAT-NMD Network of my planned future activities related to the Network.

.....  
Signature

.....  
Date

Please return this completed form to:

Stephen Lynn  
TREAT-NMD Network Manager  
Institute of Human Genetics  
Newcastle University  
International Centre for Life  
Newcastle upon Tyne  
NE1 3BZ  
United Kingdom

Email: [stephen.lynn@treat-nmd.eu](mailto:stephen.lynn@treat-nmd.eu)  
[stephen.lynn@ncl.ac.uk](mailto:stephen.lynn@ncl.ac.uk)