

Become an NCDA Member

Preview of the [online form](#) to apply for full or associate membership

This document offers a preview of the membership application form in order to allow interested organisations in full or associate membership to prepare for the application process.

This preview is not intended to replace the online form and offer an offline version. All member prospects must fill in the online form in order to integrate their information on our database, which will synchronise with their future account on NCDA website, once their membership applications is approved and membership dues have been paid.

*mandatory field

Last updated: 18/02/2019

Section 1: Start

NCDA Policies

Please note that processing your application can take six weeks. Incomplete applications will not be reviewed.

Agreement with NCDA Membership Principles *

I agree

By ticking this box, your organisation agrees to comply with [NCDA Membership Principles](#).

Agreement with NCDA Conflict of Interest Members Policy *

I agree

By ticking this box, your organisation agrees to comply with [NCDA Conflict of Interest Members Policy](#). Your organisation hereby commits to disclose with the NCDA team any current or future, real or apparent conflicts of interest throughout your organisation's relationship with NCDA.

Agreement with NCDA Privacy Policy *

I agree

By ticking this box, you agree with [NCDA Privacy Policy](#) and you confirm to have the consent to share the personal contact details requested in the form.

In order to approve your membership application, NCDA needs to gather some data on your organization and on certain contact persons. The more accurate the information you provide, the better NCDA will be able to adapt its services to your membership needs. Providing us with up-to-date contact details and information facilitates the relationship between your organisation and NCDA.

- The NCD Alliance collects personal information only to the extent necessary to fulfil a precise purpose related to your membership;
- We do not reuse the information for another purpose that is different to the one stated;



- We put in place measures to guarantee that your data are kept up-to-date and processed securely;
- We will never divulge your personal data for direct marketing purposes;
- You have the right to access your personal information, to have it corrected and the right to [recourse \(link is external\)](#); at any time if you believe your data protection rights have been breached;
- We do not keep your personal information for longer than necessary for the purposes for which we collected it;
- However, we may keep your information for a longer period for historical, statistical purposes with the appropriate safeguards in place.

Section 2: Member Info

Please note that membership will become effective upon NCDA's approval of the application and receipt of the first annual membership dues.

NCDA offers a tiered membership fee structure, based upon membership category and income level of the country where the member organisation is based:

	Low-income countries	Lower-middle-income countries	Upper-middle-income countries	High-income countries
Full	\$500	\$2k	\$3k	\$4k
Associate	\$200	\$1k	\$1.5k	\$2.5k

Learn more about the rules and discounts that apply on membership fees [here](#).

Membership

If you are applying to become an NGO supporting partner as well, please select "Full" under type of membership given that all NCDA's NGO supporting partners are granted full membership.

What type of membership do you wish to apply for? *

- Full
- Associate

Please indicate if you are also interested in becoming an NGO Supporting Partner: *

- Yes
- No

NCDA members can opt in to become an NGO supporting partner (\$25k flat fee). Available to organisations, networks or entities that have an international focus and are willing to engage more closely with us and invest more substantially in our work and activities.

Details of your organisation

Please note that the more details you give us, the more visibility we can give you. All fields are compulsory. If you do not have, for instance, a Facebook account, you can put N/A.

Organisation Name *

Street Address *

Street Address Line 2

City *

Postal Code *

Country *

State/Province *

Phone Number *

Please make sure to provide a number with its country code.

Email *

Website URL *

Facebook *

Twitter Handle *

LinkedIn *

More information about your organisation

What is your organisation type? *

If you answered "Other", please specify: *

Please provide a short summary on how your organisation is involved in NCD prevention and control: *

Describe the main activity/focus of your organisation, maximum 250 words.

Does your organisation focus on a specific NCD? *

- Yes
- No

If you answered "Yes", please specify your core areas of expertise: *

- Cancer
- Diabetes
- Cardiovascular disease
- Chronic respiratory disease
- Mental and neurological disorders
- Osteoporosis
- Oral health
- Psoriasis
- Stroke
- Alcohol control
- Tobacco control
- Healthy diets
- Physical activity / sport
- Air pollution

Select as many as apply. If none of the above apply, please select among additional areas of expertise (see below), where you can select "Other" and specify.

Additional areas of expertise *

- Malnutrition (any form)
- HIV/AIDS
- RMNCAH (Reproductive Maternal Newborn Child and Adolescent Health)
- Urbanisation
- Climate change

- Hazardous chemicals
- Financing
- Access to medicines/technology
- Management of conflicts of interest
- Accountability / surveillance
- Human rights
- PLWNCDs (People Living with NCDs)
- Mutlisectoral partnerships
- Other

Select as many as apply.

If you answered "Other", please specify: *

Do you have a particular geographical focus? *

- Global
- Africa
- Americas
- South-East Asia
- Europe
- Eastern Mediterranean
- Western Pacific

How many people does your organisation employ as staff? *

Select from range of # of employees.

How many people work at your organisation as volunteers? *

Select from range of # of volunteers.

In which year was your organisation founded? *

Organisation's annual revenue in USD *

This field needs to be answered with numbers and not letters. No spaces and/or punctuation allowed.

What is the governing body of your organisation? *

What other international bodies is your organisation a member of? *

Are you a constituent member of a regional or national NCD alliance currently working with NCDA? *

Yes

No

If you answered "Yes", please specify which regional/national NCD alliance are your member of: *

Are you currently a member of any of NCDA's founding federations? *

Yes

No

The four founding federations of NCDA are the International Union against Tuberculosis and Lung Disease (The Union), the Union for International Cancer Control (UICC), the World Heart Federation (WHF) and the International Diabetes Federation (IDF).

If you answered "Yes", please specify which founding federation are your member of: *

The Union

UICC

WHF

IDF

In which of the NCDA strategic priorities are you interested? *

Advocacy

Capacity Development

Accountability

Knowledge Exchange

What are your expectations of NCD membership? *

Maximum 250 words

Where did you hear about NCD? *

- NCD newsletter
- NCD Twitter
- Website
- Referred
- Other

If you answered "Other", please specify: *

Section 3: Documents

Supporting documents

The completed application form must be submitted with the following documents: (i) Organisation Constitution or Bylaws (official registration, certificate and/or incorporation under the laws of the country in which the Organisation is established); (ii) Annual or Financial Report.

Constitution or Bylaws *

Upload

Files must be less than **10 MB**.

Allowed file types: **jpg jpeg png pdf doc docx**.

Annual/Financial Report *

Upload

Files must be less than **10 MB**.

Allowed file types: **jpg jpeg png pdf doc docx**.

Section 4: Contacts

Main contact within your organisation to deal with NCD matters

Title *

First Name *

Last Name *

Job Title *

Phone Number *

Please make sure to provide a number with its country code.

Email *

Please note that this is the email address NCD A will use to proceed with the membership application.

Communications Contact

Title *

First Name *

Last Name *

Job Title *

Phone Number *

Please make sure to provide a number with its country code.

Email *

Contact for Invoicing

Title *

First Name *

Last Name *

Job Title *

Phone Number *

Please make sure to provide a number with its country code.

Email *

Billing Address

Use organisation address

Street Address

Street Address Line 2

City

Postal Code

Country

- None -

State/Province

- First Choose a Country -

President (or equivalent)

Title *

- Select -

First Name *

Last Name *

Phone Number *

Please make sure to provide a number with its country code.

Email *

Chief Executive Officer / Executive Director (or equivalent)

Title *

- Select -

First Name *

Last Name *

Phone Number *

Please make sure to provide a number with its country code.

Email *

Section 5: Reference

Reference 1

Please make sure to provide at least one reference.

Title *

- Select -

First Name *

Last Name *

Phone Number *

Please make sure to provide a number with its country code.

Email *

Reference 2

Title

First Name

Last Name

Phone Number

Please make sure to provide a number with its country code.

Email

Section 6: Confirmation

Logo (optional)

Files must be less than **5 MB**.

Allowed file types: **gif jpg jpeg png**.

Once membership is effective, NCD Alliance would like to announce it on social media. To speed up the process, you are welcome to include here the logo of your organisation (with no colour background please) so that we can create a nice visual for the announcement.

Confirmation

I hereby confirm that the information contained in this application is correct and that I am in the capacity to submit this on behalf of my organisation. *

I agree