#### IOF Committee of National Societies

Membership Application Form for Universities

**ALLIED MEMBERSHIP**

Available to organizations, institutions and universities which are not solely working in the framework of osteoporosis and fractures, have no by-laws or not-for-profit registered status.

No annual fees are applied to this membership category.

Please answer all the questions, and attach supporting documentation as requested.

Please type or print clearly and send the form back electronically to the **IOF HQ Office** **(**[**lorelei.demullier@osteoporosis.foundation**](mailto:lorelei.demullier@osteoporosis.foundation)**)**

Thank you.

|  |  |  |
| --- | --- | --- |
| UNIVERSITY INFORMATION | Print clearly or type your response here | |
| FULL NAME OF UNIVERSITY (or Department) *in English* |  | |
| DEPARTMENT |  | |
| University status | Private  Public | |
| Country |  | |
| POSTAL address  *(To which correspondence should be sent)* |  | |
| Telephone and Fax numbers  *(Include country code)* | Tel.: | |
| Fax: | |
| DEPARTMENT e-mail address *(Mandatory)* |  | |
| Website address |  | |
| SOCIAL MEDIA CHANNELS | FACEBOOK  TWITTER  LINKEDIN | |
| CONTACT INFORMATION | | |
| Key contact person(s) *(Name, role and email)* |  | |
| University Dean *(Name and email)* |  | |
| IOF Representative  *(This is the person to whom correspon­dence from IOF should be addressed and who will participate in IOF CNS meetings.)* | Full name:  Email: | |
| Structure Information | Research Centre  Medical school  University Department | |
| Number of students in the department |  | |
| Focus areas | Osteoporosis  Bone diseases  Nutrition  Calcium  Vitamin D  Skeletal Rare Diseases (SRD)  Geriatrics  Rheumatology | Endocrinology  Gynaecology  Orthogeriatric  Internal Medicine  Health Economics  Primary care  Diabetes  Physiotherapy  Nurse  Rehabilitation  Orthopaedics  Women’s health  Other *(please specify)*  ……………………………………………………… |
| Year of foundation: |  | |
| COURSE / RESEARCH PROGRAMME | | |
| Details of your course programme(s) and/or of your research programme (s) related to bone health |  | |
| KEY ACTIVITIES | | |
| Education | | |
| Provide a brief description of your key activities |  | |
| Do you wish to receive more information about IOF Educational resources and trainings? | Yes  No | |
| Research | | |
| Provide a brief description of your key activities |  | |
| **Awareness** | | |
| Do you organise awareness activities on campus? | Yes  No  If yes, please provide details on the type of awareness activities organised: …………………………………………. | |

Name of person completing this form:

Email:

Signature: ………………………………… Date :

**Please return electronically to the IOF HQ Office (email :** [lorelei.demullier@osteoporosis.foundation](mailto:lorelei.demullier@osteoporosis.foundation))

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