#### 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****)**

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[ ] NoIf 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)

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