GROUP MEMBERSHIP APPLICATION FORM

Please print clearly or type

I. General information about your group

A. Full name of your group:
(e.g., Breast International Group)

Group acronym:
(e.g., BIG)

B. Group status:
(Please check one)

☐ Legal entity, e.g., non-profit organization by law
☐ *de facto* association

C. Complete registered address of your group:

D. Website:

II. Group representatives

A. Please designate a voting representative for your Group in BIG

Important considerations for selecting your voting representative:

- Your group must select just one voting representative, who will act as the main contact between your group and BIG HQ and will receive all correspondence from BIG HQ.
- The voting representative must have the authority to take decisions on behalf of your group
- This person may be someone other than the chair of your group or the person submitting the application.
- The voting representative must have the time to dedicate to BIG activities (e.g., attending scientific meetings and general assemblies, responding to BIG HQ surveys and queries, etc).

The role and duties of the voting representative are further detailed in the *Voting Representative Guidelines* document (Appendix 1).

For information about how BIG is governed, and the roles of BIG member groups within that structure, refer to BIG's *Articles of Incorporation* (Appendix 2) and the *BIG Governance* document (Appendix 3).

Please read these documents carefully.

Please identify your voting representative:

Full name:

Title (e.g., Dr, Prof, Ms, Mr) :

Function (e.g., Head of Oncology…):

Primary area of expertise (e.g., oncology, surgery, *pathology …)*:

Address:

Telephone:

Fax:

Email:

Personal assistant contact information (this person will be copied in all communications to the voting representative):

Full name:

Telephone:

Email:

B. Operational representative of your group

It is highly recommended to also appoint a non-voting representative from your group who is responsible for clinical trial operations. This person will receive all correspondence from BIG HQ and will also be invited to attend BIG Scientific and General Assembly meetings.

Full name:

Title (e.g., Dr, Prof, Ms, Mr):

Function (e.g., Head of Clinical Operations…)

Address:

Telephone:

Fax:

Email:

C. Other representatives

As a general principle, participation in BIG meetings will be restricted to your voting representative and non-voting clinical operations representative. Any requests for other members of your group to participate in BIG meetings must be approved in advance by BIG HQ.

III. Group Description

Please provide a description of your group (on separate page(s). Relevant information includes the following:

- number of hospitals affiliated with your group
- the countries in which your group is active
- a description of your clinical trials management infrastructure (e.g., data management; ability to sponsor trials; ability to coordinate regulatory / ethics committee submissions; ability to contract with and pay sites; pharmacovigilence, etc)
- track record in breast cancer clinical trials

Please provide relevant supporting documents, including recent publications.

IV. Request for membership

Before submitting your application and joining BIG, please review BIG's Mission Statement (Appendix 4), which represents the BIG philosophy and principles of research conduct. It is considered essential that BIG member groups adhere to this.

If you are submitting this application on behalf of the voting representative of your group identified at point II, please ask him/her to sign.

I, the undersigned, *(Title, Full name)* as representative of *(Name of the Group)* , located in *(City, Country)* , hereby request that*(Name of the Group)* be admitted as a member of BIG..

I have read and understood the BIG's Voting Representative Guidelines, Governance document, Articles of Incorporation, and Mission Statement, and declare my agreement with the provisions set forth therein.

Signed _____ on behalf of *(Name of the Group)* .

Date

V. Membership contribution

If your application for membership is approved by BIG's General Assembly, your group will be required to pay an annual membership fee. At present, the amount is 100 Euros, but this amount may change (upon General Assembly decision) in the future. Therefore, do not send any payment with this application. You will be notified in writing about the General Assembly's decision about your application and, if affirmative, will be requested to make payment at that time. For all subsequent years, voting representatives will receive similar notification about when payment of the fee is due.

On behalf of *(Name of the Group)* , I *(Title, Full name)* agree with this provision.

Signed _____ Date

Form submitted by:
Full name:

Kindly email, mail or fax the completed form and possible annexes to:

Carla Saravia
Meetings Coordinator / Office Administrator

Breast International Group (BIG)-aisbl
c/o Institut Jules Bordet
121 Boulevard de Waterloo
1000 Brussels
Belgium

Tel: +32 2 541 3216
Email: Carla.saravia@bigagainstbc.org

If you have any questions about the application, do not hesitate to contact Ms Carla Saravia.

Annexes:
- 1. Voting representative guidelines
- 2. Governance document
- 3. Articles of incorporation
- 4. Mission statement