

EATG Membership Application

1. Welcome

Thank you for your interest in EATG, the European AIDS Treatment Group.

EATG is a patient-led, advocacy, NGO (non-government organisation) that defends the interests of people living with or affected by HIV/AIDS, viral hepatitis and TB within WHO Europe. Founded in 1992, EATG is a network of more than 170 members from 47 countries. Our members are people living with HIV/AIDS, viral hepatitis and TB and the many affected communities, including women, men, racial and ethnic groups, sex workers, trans people, non-binary people, migrants, people who use drugs, and gay, bi and other men who have sex with men.

To apply for membership, please provide all of the information requested in the following pages. If you have

questions about your application, please contact us by email at join@eatg.org.

We look forward to reviewing your application.

EATG's DMAG (Development and Membership Advisory Group)

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2. Introduction

Things to know when applying to become an EATG member

- EATG's mission is to achieve the fastest possible access to state-of-the-art medical products, devices and diagnostic tests that prevent or treat HIV and improve the quality of life of people living with or who are at risk of HIV/AIDS.
- EATG's vision is for universal access to standard of care treatment, diagnostics and prevention for all countries in Europe and Central Asia.
- The official language of the EATG is English. Therefore, English language skills are essential for membership. All members must be able to communicate by email.
- Please read [EATG's Privacy Policy](#) before submitting your application.
- Once we have received references from your referees, we will let you know when your application will be processed.

Things to know if your application is accepted

- New members join EATG as "Supporting Members". Supporting Members can participate in EATG activities but cannot vote at a General Assembly.
- DMAG will be responsible for your welcome and orientation to EATG.
- At the end of your first year, DMAG will coordinate a first-year assessment to see if there is agreement for you to become an "Ordinary Member" with the option to vote at General Assemblies.
- EATG members pay an annual membership fee.
- If you have any difficulties paying your fee you can arrange a solution with the office.



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3. Personal Information

Please provide all information below.

* Last name(s)

* First name(s)

* Date of birth

Please provide your date of birth

Date

* What is your gender?

- Female
- Male
- Non-binary
- I prefer not to say
- I prefer to use the term

* Are you trans?

- No
- Yes
- I prefer not to say
- I prefer to use the term

Please describe your race and/or your ethnicity.

(leave blank if you don't want to answer)

*** HIV status**

- HIV positive
- HIV negative
- I don't know
- I would rather not say

*** What is your current mailing address?**

Address

City/Town

Postal Code

Country

*** What is your country of residence?**

*** Personal telephone number(s)**

Please provide the complete number with country and/or area code.

*** Personal email address(es)**

*** Current profession or occupation**

Please list your past and current roles/engagements, as an activist and/or professional, in areas related to EATG's mission.

*** Are you affiliated with any local or national HIV, viral hepatitis, TB or public health organisation(s) or network(s)?**

- No
- Yes (please specify)



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4. Referees

In order to evaluate your application, we will need to ask two referees for their input. Please name two people (if possible, EATG members) who can vouch for your skills and experience.

*** Referee 1**

Name

Email address

How do you know this
person?

*** Referee 2**

Name

Email address

How do you know this
person?

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5. Interests and Motivation

* How did you learn about EATG?

* EATG works in 3 programme areas. Which area(s) interests you?

- Quality of Life:** engage, inform and empower all people living with and affected by HIV in improving their health-related quality of life and holistic well-being throughout their life cycle, regardless of gender, age or context.
- Partners in Science:** engage, inform and empower all people living with and affected by HIV in ensuring that ongoing research continues to yield best quality new HIV, viral hepatitis, TB and STI diagnostics, medicines, medical devices, and care, as well as progress towards cure.
- Combination Prevention:** engage, inform and empower all people living with and affected by HIV in increasing the usage of HIV, viral hepatitis, TB and STI combination prevention and diagnostic strategies in affected communities.

* Why do you want to join EATG?

This is the most important section of the application. Please answer in as much detail as possible.

- What have you achieved in HIV/ AIDS, viral hepatitis and/or TB in you locale/country/region? How will
- membership in EATG impact your local work?
- How might your work in EATG improve conditions in your locale?
- What skills, knowledge or experiences do you have that will increase EATG's capacity to fulfill its mission?

* Please upload your CV (Curriculum vitae) to show relevant skills and experience

Only PDF, DOC, DOCX files are supported. Make sure that the file you are uploading is smaller than 16MB.

Choose File

Choose File

No file chosen

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6. Declaration of Interest

EATG's Declaration of Interest policy applies to all members and requires individuals to declare any outside interests that could conflict with, have the potential to conflict with, or could be perceived to conflict with the interests of EATG and the people it serves.

* Do you have employment and/or consultancies with the pharmaceutical industry, their agencies and/or other bodies or organisations?

- No
 Yes (please specify)

* Do you have any direct or indirect financial interests related to a pharmaceutical company?
(including payments made by companies hired by pharmaceutical companies for the implementation of their projects)

- No
 Yes (please specify)

* Are you an employee or have consultancy contracts with AIDS Healthcare Foundation (AHF)?

- No
 Yes (please specify)

* Do you or your organization receive funds from AIDS Healthcare Foundation (AHF)?

- No
 Yes (please specify)



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7. Submit your application

* By completing and submitting your application, you declare the following:

I confirm that the information given is true.

I have read and agree to [EATG's Privacy Policy](#).

* Name

* Place

* Date

Please select today's date from the dropdown calendar.

Date

 