



INDIVIDUAL MEMBERSHIP APPLICATION FORM

This application form is for INDIVIDUAL MEMBERS. Please submit it with a signed declaration and an organisation chart to info@unshp.org.

APPLICANT INFORMATION			
Name (English):			
Name (Your Local Language):			
Applicant address			
City		Prov/State	
Post/zip code		Country	
Business/ Industry Scope:		ApplicantWorkAddress	
City		Prov/State	
Post/zip code		Country	
Your website			

What category best describes your Activity Field (please mark the appropriate box and explain the details)?	
1.Agriculture and natural resource	
2.Health and Medical Services	
3.Mining and energy	
4.Food and textile products	
5.None metal and chemical products	
6.Metal products, Machines, tools	
7.Construction	
8.Accommodation services	
9.Transportation, post	
10.Public services	
Other (please specify)	
If you do not want this information displayed on the UNSHP website please mark this box	



Please provide a brief description of your primary activities in your Professional Fields.

Please provide a brief description your education, Innovation, experience and qualifications in reliance upon which the application is made:



YOUR REASONS FOR BECOME A MEMBER				
Why have you applied to become a UNSHP Member?	Significance (1= high, 4 = low)			
	1	2	3	4
Personal interest				
Job Preference				
Reputational benefits				
Other (please specify)				
What benefits do you see to becoming a Member?	Significance (1= high, 4 = low)			
	1	2	3	4
Indicate my commitment to Sustainable Health Promotion				
Gain understanding of good practice in implementing Sustainable Health				
Collaborate with other Members				
Participate in events and networks with like-minded organisations				
Contribute to the development and participate in discussion of good practice				
Other (please specify)				
HOW DID YOU HEAR ABOUT THE UNSHP?				Please tick
After direct contact with a UNSHP representative				
From a UNSHP Members				
From a current or potential client				
After seeing UNSHP in social media				
At an event (please specify)				
Other (please specify)				



CONTACT DETAILS

Primary contact for UNSHP communications

Title (Mr., Ms., etc.)	
Name	
Role (e.g. CEO)	
Email	
Phone	
P.A. email	
Office address (leave blank if same as HQ)	

Primary contact for invoicing of Membership fees (this person will be sent all Membership invoices)

Title (Mr., Ms., etc.)	
Name	
Role (e.g. CEO)	
Email	
Phone	
P.A. email	
Office address (leave blank if same as HQ)	