

Associate Membership Application Form

Please complete all sections of this form and attach the required supporting documents.

Section 1: Organization Details

Organization Name * :

Main Address*

Street Address:

City:

Postal / Zip Code:

Country:

Telephone Number*:

Website*:

General Email Address*:

Section 2: Key Contacts

Chief Executive (or equivalent)

First Name:

Last Name:

Job title:

Direct Telephone*:

Email*:

Membership Contact (if different from Chief Executive)

First Name:

Last Name:

Job title:

Direct Telephone*:

Email*:

Section 3: Eligibility Criteria and Requirements

3.1 Legal recognition

Please specify where your organization is legally registered and its entity type (e.g., public, private, non-profit, foundation, university): *

Entity type:

3.2 Inclusivity & Non-Discrimination

Does your organization meet the inclusivity and non-discrimination requirement?

If yes, please provide relevant governance or policy documents. *

- Yes Notes:
 No

3.3 Financial accountability

Does your organization meet the financial accountability requirement? *

- Yes Notes:
 No

3.4 Annual Reports & Financial Transparency

Have you attached two recent annual reports and audited financial statements? *

- Yes Notes:
 No

3.5 UN Sanctions List Compliance

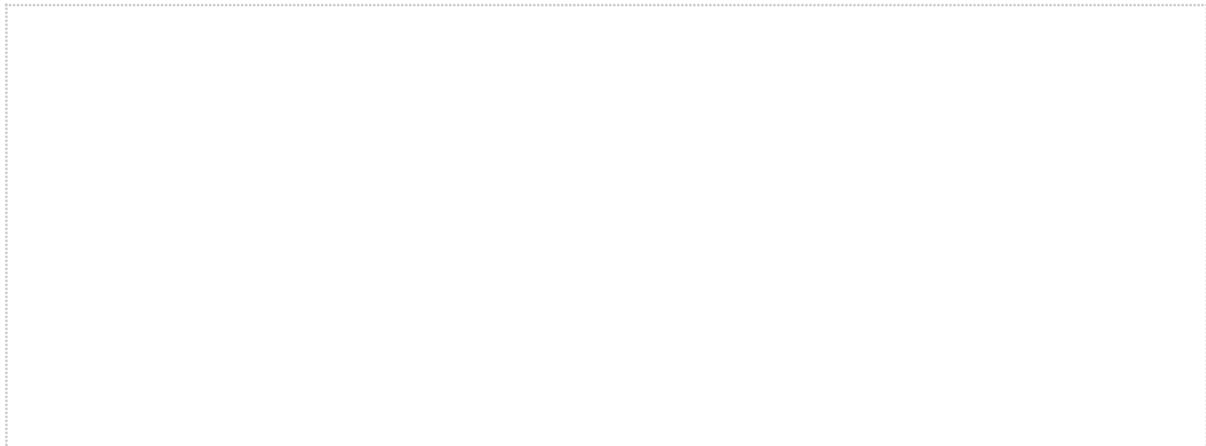
Can you confirm your organization's compliance with the UN Sanctions List? *

- Yes Notes:
 No

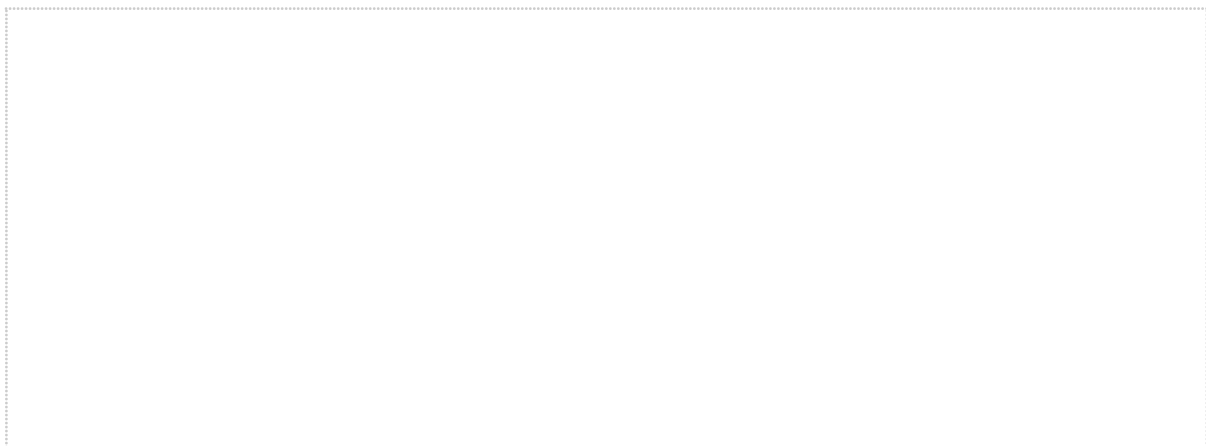
3.6 Commitment to Pasteur Network Values

What knowledge-sharing practices does your organization engage in that would promote scientific and public health collaboration with the Pasteur Network? *

How does your organization collaborate with other institutions or stakeholders to achieve shared objectives? *

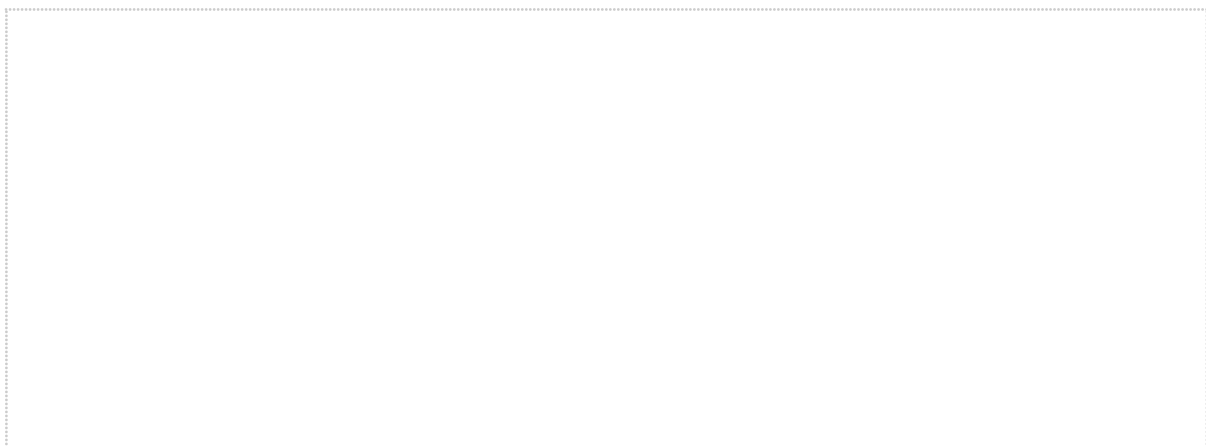


Does your organization have initiatives in place to support underrepresented groups in science and research? *



3.7 Existing Collaborations with Pasteur Network Members?

Does your organization currently collaborate with Pasteur Network members or international partners? Please elaborate: *



3.8 Contribution to Pasteur Network Goals

How would your organization contribute to the Pasteur Network's four strategic pillars? *

How does your institution bring unique scientific or public health expertise that complements the Pasteur Network's strengths? *

Could your institution serve as a regional hub? If so, please explain: *

3.9 Research Quality & Standards

How does your organization ensure its research contributes to equitable health solutions? *
Please provide examples of impactful research or innovations: *

3.10 Rationale for Joining the Pasteur Network

What is your organization's primary reason for wishing to join the Pasteur Network? *

Section 4: Annual Membership Fee & Category

Does your organization commit to paying membership fees within eight weeks of invoicing? *

- Yes
- No

Notes:

Section 5: Sponsors

Applicants must provide references from three full PN members from at least two different regions:

Reference 1

First Name:	
Last Name:	
Job title:	
Direct Telephone*:	
Email*:	

Reference 2

First Name:	
Last Name:	
Job title:	
Direct Telephone*:	
Email*:	

Reference 3

First Name:	
Last Name:	
Job title:	
Direct Telephone*:	
Email*:	

Section 6: Attachments

After submitting this form (by clicking the button at the end), you will be prompted to upload a copy of it along with the following attachment. Please ensure both are prepared beforehand.

- Legal Registration Documents and Institutional By-Laws
- Two Most Recent Annual Reports and Audited Financial Statements
- Three Letters of Sponsorship from Active Members (from at least two regions)
- Signed Non-Conflict of Interest Declaration
- Proof of Payment of Entry Fee (payable upon approval of the application)
- Institutional Logo for use on the Pasteur Network website and materials

Section 7: Affirmation

By submitting this form, you affirm that your organization adheres to the Pasteur Network (PN) membership requirements and standards.

Signed: Chief Executive (or equivalent)

First Name:	
Last Name:	
Date: DD/MM/YYYY	
Signature:	

After clicking the submit button below, you will be prompted to save this form; and then a browser window will open to allow you upload it with all the required attachment.