

# Membership Application

## How to join the International HPH Network

Hospitals, health services, or organizations wishing to join the International Network of Health Promoting Hospitals & Health Services (HPH), should first check whether a national/regional HPH network exists in their country or region. You can visit our website to see established national and regional networks: [www.hphnetwork.org/members](http://www.hphnetwork.org/members)

If a national/regional HPH network exists, please forward your application to the designated national/regional HPH coordinator for approval. The national/regional HPH coordinator will then forward your application to the International Secretariat.

If there is no coordinator in your country or region, please send your application directly to the International HPH Secretariat:

### International HPH Secretariat

Burchardstrasse 17  
20095 Hamburg  
Germany

Phone: +49 040 22621149-0  
Email: [info@hphnet.org](mailto:info@hphnet.org)

## Application Form

This HPH membership application includes a HPH letter of intent, information form, and a signature page.

## New HPH Members

Any new organization applying for membership must fill out and submit an application form. This form affirms the intent of your hospital or health service to abide by the HPH Constitution and aim to implement health-promoting activities, strategies, and policies.

## Membership Certificate

Upon successful ratification of membership and payment of the annual HPH fee, a membership certificate will be issued. To renew this certificate, a member should fill out this application form with their updated information. HPH membership is valid until a member withdraws in writing or membership is cancelled for incompliance with the HPH Constitution.

## Annual HPH Fee per Member Hospital/Health Service \*

Standard HPH Fee:	300,00 €	High-income countries
Reduced HPH Fees:	200,00 €	Middle-income countries
	150,00 €	Low-income countries

In addition, national/regional fees might apply for organizations in countries with national or regional networks. Note that in some countries these fees are collected centrally, whereas in others, fees are transferred by individual members. For further information, please consult your national/regional network coordinator.

\* Country income levels are based on the World Bank Group's country income classifications



## HPH Letter of Intent

This letter of intent, signed by management, declares that the member hospital, health service, or organization will abide by the Constitution of the International Network of Health Promoting Hospitals & Health Services (HPH) and implement health-promoting activities according to the HPH Constitution, HPH strategies, and HPH policies. Please indicate your reasons and expectations for joining by answering the following questions<sup>1</sup>:

Please select your membership level:

hospital

health service

affiliate member

## Member Information

New member

Certificate renewal for member number: \_\_\_\_\_

\_\_\_\_\_  
Name of hospital/health service in English

\_\_\_\_\_  
Name of hospital/health service in local language

Address:

Street: \_\_\_\_\_

Zip Code: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Website: \_\_\_\_\_

<sup>1</sup> This letter of intent does not constitute a binding declaration or legal force. The statements will be treated confidentially and accessed by the International HPH Secretariat and Governance Board only.



Chief Executive Officer of hospital/health service:

Name and title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

HPH Coordinator of hospital/health service/association:

Name and title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of national/regional HPH Network Coordinator (where applicable):

Name of network: \_\_\_\_\_

Name and title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Questions 1-5 should be answered by new members only**

1. What does your organization aspire to gain by being a member of the International HPH Network?

2. List your experience with health promotion activities/projects, strategies, or policies, that you want to share with the HPH network. What is the focus of these initiatives?



3. What actions do you plan to initiate in your first year of membership?

4. What do you aspire to achieve as a HPH member?

5. How did you find out about HPH?

*Colleague*

*Conference*

*Internet search*

*N/R network*

*Scientific article*

*WHO*

*Other. Please specify:*

Further comments:



## Signatures

This Letter of Intent shall be signed by the hospital/health service and the national/regional HPH Network Coordinator (if applicable), who will send it to the International HPH Secretariat:

New members - Hospital/health service/association management:

Certificate renewal - HPH Coordinator of hospital/health service/association:

Name and title: \_\_\_\_\_

Date and signature: \_\_\_\_\_

Name of national/regional HPH Network Coordinator (if applicable):

Name and title: \_\_\_\_\_

Date and signature \_\_\_\_\_

*NOTE: If no national/regional HPH network exists in your area, please send this letter of intent directly to the International HPH Secretariat:*

### International HPH Secretariat

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Email: [info@hphnet.org](mailto:info@hphnet.org)