



INSTITUTIONAL MEMBERSHIP APPLICATION FORM

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

ORGANISATION INFORMATION

Name (English):

Name (Your Local Language):

Business/ Industry Scope:

Head office street address

City

Prov/State

Post/zip code

Country

Any other office locations
(list countries)

Number of staff at your organisation

Your website

Are you part of a larger organisation?

What category best describes your organisation (please mark the appropriate box)?

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 organisation and its primary activities.

Please provide a brief description of your Excellent Achievement in Health, Safety and environment.



YOUR REASONS FOR BECOME A MEMBER

Why have you applied to become a UNSHP Member?		Significance (1= high, 4 = low)			
		1	2	3	4
Client interest					
Board interest					
CEO interest					
Reputational benefits					
Other (please specify)					

What benefits do you see to becoming a Member?		Significance (1= high, 4 = low)			
		1	2	3	4
Indicate our 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)	



Staff at your Organisation

First name	Last name	Job title	Email address	Phone

Additional contacts

First name	Last name	Job title	Email address	Phone