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 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 | Phone: +49 040 22621149-0 |
| 20095 Hamburg | Email: info@hphnet.org |
| Germany |  |

Application Form

This HPH membership application includes an HPH Letter of Intent and an information form.

New HPH Members

Any new organisation applying for membership must fill out and submit this Letter of Intent. 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 membership ratification 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 is cancelled for incompliance with the HPH Constitution.

Annual HPH Fee per Member Hospital/Health Service \*

Standard HPH Fee: 330,00 € High-income countries

Reduced HPH Fees: 220,00 € Middle-income countries

165,00 € Low-income countries

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

Additional fees might apply to organisations in countries with national or regional networks. In some countries, payments can be collected centrally by the national or regional network or transferred by individual members to the HPH network. For further information, please consult your national/regional network coordinator, if applicable.

HPH Letter of Intent

This letter of intent, signed by management, declares that the member hospital, health service, or organisation 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.[[1]](#footnote-2).

Please select your membership level:

Hospital Health service Affiliate member

*\*Affiliate member: institutes/organisations not fulfilling the criteria of being a hospital or a health service but wish to become members (e.g., Laboratories, dentistry)*

# Member Information

New Member Membership Renewal

Membership number:

Network Affiliation\* Single Member

\*Please provide the name of the National/Regional network your hospital belongs to:

Name of hospital/health service (English):

Name of hospital/health service (Local language):

Address:

Street:

Zip Code: City:

State: Country:

Phone:

Website:

**Contact of the Chief Executive Officer (CEO) of your organisation:**

Name and title:

Phone: E-mail:

**Contact of the HPH Coordinator of your organisation:**

Name and title:

Phone: E-mail:

**Contact of the National/Regional HPH Network Coordinator** (for network affiliations):

Name of the network:

Name of the Coordinator:

Phone: E-mail:

# Questions 1-5 should be answered by New Members only.

1. What does your organisation aspire to gain by joining the International HPH Network?
2. List your experience with health promotion activities/projects, strategies, or policies you want to share with the HPH network. What is the focus of these initiatives?
3. What actions do you intend to initiate in your first membership year?
4. What do you aspire to achieve as an HPH member?
5. How did you find out about HPH?

*Colleague*

*Conference Scientific article*

*Internet search WHO*

*N/R network Other. Please specify:*

Further comments:

# Signatures

 **For New Members:** The CEO of the Hospital/Health Service/Association Management must provide their signature below for the membership application.

 **For a Membership/Certificate renewal:** The signature of the CEO is *not mandatory.* Instead, the LOI may be signed by the HPH Coordinator of the Hospital/Health Service/Association.

Name and title:

Date and signature:

**For the National/Regional HPH Network Coordinator** (if applicable):

Name and title:

Date and signature:

**NOTE:** If there is no existing national or regional HPH network in your region/country, kindly forward this letter of intent directly to the International HPH Secretariat at the email address provided below:

## International HPH Secretariat

**Address:** Burchardstrasse 17, 20095 Hamburg, Germany

**Phone**: +49 040 22621149-0

**Fax**: +49 40 22621149-14

**Website**: www.hphnet.org

**Email**: info@hphnet.org

1. 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. [↑](#footnote-ref-2)