



# HPH Membership Application

## How to join the International HPH Network

Any hospital, health service or organisation wishing to join the HPH Network, should first check whether a national/regional network exists in the specific country or region. You can visit our website to see if there is an existing network in your country or region: [www.hphnetwork.org/members](http://www.hphnetwork.org/members)

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

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

InternationalHPHSecretariat

Burchardstrasse 17

20095 Hamburg, Germany

Phone: +49 040 22621149-0

Fax: +49 40 22621149-14

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

## Application Form

The HPH membership application includes the HPH Letter of Intent, an information form and the signature page and must be filled out to join HPH or renew the HPH membership.

## New HPH Members

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

## Renewing HPH Members

All HPH Members must renew their membership every 4 years by filling out this application form again. This re-affirms the commitment to HPH and also it allows the secretariat to note any changes in staff and contact details.



## 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 and Health Services (HPH) and implement health promoting activities according to the HPH constitution, HPH strategies and HPH policies.

To do so, please indicate your reasons and expectations of joining by answer the following questions<sup>1</sup>:

Please select:

Join as a Hospital

Join as a Health Service

Join as an Affiliated Member

- a) What does your organisation want to gain by being a member of the International HPH Network?
  
  
  
  
  
  
  
  
  
  
- b) Do you already have experiences from health promotion activities/projects, strategies or policies, that you want to share with the HPH network? What is their focus?

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<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.



c) What actions do you plan to initiate in year one of membership?

d) What do you expect to achieve during the four-year membership period?

e) How did you find out about HPH?

*Colleague*

*Conference*

*Internet Search*

*N/R Network*

*Scientific Article*

*WHO*

*Other. Please specify:*

Further comments:



## Hospital/Health Service Information

New Member

Renewing Membership

\_\_\_\_\_  
Name of Hospital/Health Service/Organisation in English

\_\_\_\_\_  
Name of Hospital/Health Services/Organisation in local language

### Post Address

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

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

City: \_\_\_\_\_

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

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

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

Fax: \_\_\_\_\_

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

### Chief Executive Officer of Hospital/Health Service/Organisation

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

Phone: +886- \_\_\_\_\_

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

### HPH Coordinator of Hospital/Health Service/Organisation

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

Phone: +886- \_\_\_\_\_

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

### Name of National/Regional HPH Network Coordinator (where applicable)

Name of Network: Taiwan HPHNetwork

Name and title: Ming-Nan Lin, Vice Superintendent

Phone: +886-5-2648000#5018

E-mail: mingnan.lin@gmail.com



## Signatures

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

Hospital/Health Service/Organisation Management

Name & Title: \_\_\_\_\_

Date & Signature: \_\_\_\_\_

Name of National/Regional HPH Network Coordinator

Name & Title: Ming-Nan Lin, Vice Superintendent

Date & Signature \_\_\_\_\_

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

InternationalHPHSecretariat

Burchardstrasse 17, 20095 Hamburg, Germany

Phone: +49 040 22621149-0

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Website: [www.hphnet.org](http://www.hphnet.org)

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