



Gambling and Public Health Alliance International

Application Form

Name: _____
(First name) (Last name)

Email address: _____

Phone number: _____
(country code) (area code)

Fax number: _____

Employment details:

Organisation: _____

Position: _____

How is your organisation funded? _____

Area/s of special interest: _____

I would like:

- To be included in the members directory
- To be on the mailing list to receive *Today's Stories* (gambling related stories from around the globe)
- To sign up for the Alliance list serve
- To have a link to my organisation on the Alliance web site

Declaration: Please note that this is a membership requirement.

- I certify that I am not employed, either directly or indirectly, by the gambling industry and that I am independent of the gambling industry in that:
 - The majority of funding, either for myself or the organisation for which I am employed, does not come from the gambling industry.
- In the interest of transparency I undertake to declare any conflicts of interest and funding sources.
- I agree to abide by the principles and Alliance code of Conduct, once developed.

Signed
