

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

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
20095 Hamburg
Germany

Phone: +49 040 22621149-0
Email: info@hphnet.org

Application Form

This HPH membership application includes an HPH Letter of Intent, an information form, and a signature page.

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

A membership certificate will be issued upon successful membership ratification and payment of the annual HPH fee. 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

Additional fees might apply to organisations in countries with national or regional networks. Note that 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.

* 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 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 questions¹:

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: _____

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.



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 (if applicable):

Name of network: _____

Name and title: _____

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

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:** The CEO of the Hospital/Health Service/Association Management must provide their signature for the membership application.
- Existing Members (Certificate Renewal):** The CEO's signature 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: _____

Name of 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 locality, kindly forward this letter of intent directly to the International HPH Secretariat using 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