

## APPLICATION FORM FOR MEMBERSHIP IN THE NETWORK ON INTERSECTORAL ACTION AND SOCIAL PARTICIPATION FOR HEALTH EQUITY IN THE AMERICAS

**INSTRUCTIONS:** *This form must be sent to the Pan American Health Organization in its capacity as Executive Secretariat of the Network on Intersectoral Action and Social Participation for Health Equity in the Americas (TIPSESA), attaching all the documentation indicated in the appendix to this form. Submit all documents to the email address Acción Intersectorial [accionintersectorial@paho.org](mailto:accionintersectorial@paho.org)*

### 1) Name of the Institution/Organization/Foundation:

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#### 1.a. Indicate the type of institution (mark with an X the appropriate option):

Governmental: \_\_\_\_\_ Non-governmental/Foundation: \_\_\_\_\_

#### 1.b. Country of the Institution/Organization/Foundation:

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#### 1.c. Website of the Institution/Organization/Foundation, if there is one:

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### 2) Mission:

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- 3) Representative to the TIPSESA Network** (*individualized representative who will participate permanently in meetings, assemblies and other instances and who will be responsible for supporting the implementation of the work plans and responding to the tasks and commitments arising from membership in TIPSESA*))

Name:

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Department/Area:

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Position:

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Email address:

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- 4) Replacement representative before the TIPSESA Network** (*individualized representative in charge of replacing the first representative of the institution*)

Name:

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Department/Area:

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Position:

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Email address:

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**Indicate whether the institution is for-profit (mark with an X the appropriate option)**

YES \_\_\_\_\_

NO \_\_\_\_\_

## APPENDIX

### List of required documentation for non-governmental institutions/organizations and foundations:

- i. Tobacco /Arms Related Disclosure Statement for Non-State Actors (*fill in the attached form*)