



## Affiliate Application

Date: \_\_\_\_\_

### Organization Details

Name: \_\_\_\_\_

Type: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

About your Organization (please include what countries you work in):

Organization Facebook Link: \_\_\_\_\_

Organization Twitter Handle: \_\_\_\_\_

### Organization Representative to VISION2020/USA

*Please list the representative who would have sign-off authority for any advocacy requests.*

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Email: \_\_\_\_\_

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

Reason for joining VISION2020/USA:

For any questions, please contact:

Mitchell Brinks, MD, MPH – Chair of VISION2020/USA | [brinks@ohsu.edu](mailto:brinks@ohsu.edu)