

Company Details

Company/Organisation name:

Key representative of the company:

(CEO, managing director, legal representative of the company.)

Registered address:

Registration number:

(Company, trade body, charity)

Tax/VAT No.:

Turnover:

(Previous year)

Bank Details:

Account name:

Bank:

Account number:

Sort Code:

IBAN:

SWIFT:

URL:

Headquarters:

(If different to registered address)

Key Contact Details

Name:

Position:

Email:

Phone:

Fax: (if applicable)

Invoicing Details

Name:

Position:

Email:

Phone:

Fax:

Is a purchase order (PO) number required?

Membership Questionnaire

European Medicinal Cannabis Association

1. To support the growth strategy of your organisation over the next 12 months, what are your top three priorities e.g. finance, market access, regulatory, quality, policy, etc.? (Please provide a brief explanation on each.)

i)

ii)

iii)

Other Comment

2. On joining the EUMCA, which of the following areas would you most value Please rank in order from 1 to 7 (1 being the most valued activity).

Rank	Activity
	Policy - developing national government healthcare policies that advocate the ethical prescription of pharmaceutical grade medicinal cannabis.
	Patient Access & Reimbursement – including patient advocacy to promote policy and national prescribing guidelines.
	Research & Development – including a scientific meeting and developing a clinical network to support professional, medical and scientific relationships.
	Legal and Compliance – Including a EUMCA Code of Conduct.
	Regulatory and Quality – GMP
	Business Development
	Medical Education for healthcare professionals/prescribers.

Membership Questionnaire
European Medicinal Cannabis Association

3. What in your view will be the top three challenges facing the industry in past 12 months?
(Please provide a brief explanation on each.)

i)

ii)

iii)

Other Comment