**Application Procedure to Become**
**A Member of the Alliance for Healthy Cities**

**2015**

The Alliance for Healthy Cities is an international network aiming at protecting and enhancing the health of city dwellers. The Alliance is a group of cities and other organizations that try to achieve the goal through an approach called Healthy Cities with close collaboration with World Health Organization. We believe that international cooperation is an effective and efficient tool to achieve the goal. And we promote the interaction of people who are in the front line of health and quality of life issues.

It is now expected that local governments from various countries and regions will participate in the Alliance as a mechanism for improving their capacity to respond to health and quality of life needs through the Healthy Cities approach. The Alliance will provide opportunities to share experiences of Healthy Cities, recognize and promote outstanding practices and innovations within Healthy Cities, mobilize resources for Healthy Cities, and develop new knowledge and technology for the advancement of Healthy Cities through international collaboration.

## 1. Membership Categories and Eligible Entities

***Full Member:*** city governments, governing units of cities/municipalities/equivalent organizations

***Associate Member:*** individuals; non-city entities such as non-government organizations, national government agencies, private organizations, international agencies or academic institutions
*Please see the general criteria for membership for associate member.

**General criteria for membership for associate members**

1. [Recognition of associate membership status] The AFHC Charter allows the Steering Committee to recognize interested individuals and non-city entities as members. Non-city entities include non-governmental organizations, national government agencies, private organizations or academic institutions.

2. [Required materials] Applicants should submit the required materials for review to the Steering Committee, in addition to the information sheet.
   2.1. The following materials are required at the initial submission.
      1) Organizational profile
      2) Documentation of the relationship between applicant and Healthy Cities projects/ programmes/ activities
      3) Source of funding
      4) CSR (Corporate Social Responsibility) plans/ activities (for applicant from private sector category)
   2.2. Submission of materials in their original language is allowed when they are submitted together with materials translated into English.

3. [Additional materials] The Steering Committee may request submission of additional materials for review, when needed.

4. [Re-confirmation of membership status] When the Steering Committee finds that re-confirmation of the status of associate members is needed, the Committee may request associate members to submit materials for review.

5. [Eligibility] The Steering Committee reserves the right to make the final determination of the appropriate membership type for each applicant.

6. [Non-eligibility] AFHC excludes groups that profit from or support the manufacture or trade of weapons, tobacco, or alcohol.

<AFHC Charter>
Section 5.3. Associate Member Status - will be open to all interested individuals or non-city entities such as non-government organizations, national government agencies, private organizations or academic institutions. Associate members may avail of all benefits of bonafide members except voting privileges. Other rules governing participation of interested individuals and non-city entities will be determined by the Steering Committee and approved by the General Assembly.

## 2. Procedures to Become a Member

***Full Member***

(1) Submit Form A and Form B-1 to the Secretariat.

(2) Submit the following required documentation to the Secretariat (in hard copies and electronic copies):
   1) written policy statement in support of Healthy Cities
   2) future vision and goal
   3) profile of the city (baseline data)
   4) analysis of priority health problems

(3) Recognition Process
   → (Review)
   Note: Administrative procedure for the membership recognition may take time from submission of documents above.
   → (Upon recognition of membership status by the Steering Committee, Secretariat will send an invoice of membership fee to the applicant)
   → (Upon recognition of membership status by the Steering Committee, Secretariat will send a signature form to the applicant to be signed by its Mayor or equivalent)
   → (Upon recognition of membership status by the Steering Committee, Recognition letter will be sent to the applicant)

(4) A formal letter of recognition certifies the membership status as a full member of the Alliance for Healthy Cities.

(5) Submit the signature form (sent from the Secretariat) to the Secretariat with the signature of Mayor (or equivalent) to agree to the Charter of the Alliance for Healthy Cities.

(6) Pay the membership fee (US$500) and handling fee (US$25) for the year according to the invoice issued. Membership fees are based upon the calendar year (1 January to 31 December) and remain constant regardless of the date within that year when a member joins.

(7) Submit the following optional documentation (if any) to the Secretariat (in hard copies and electronic copies) :
   - intersectoral coordination mechanism in place
   - mechanism for community participation
   - local action plan to resolve the problems
   - a set of indicators for monitoring and evaluation
   - a system of information dissemination and sharing

***Associate Member***

(1) Submit Form A and Form B-2 to the Secretariat.

(2) Describe relation of the applicant to Healthy Cities projects/ programs/ activities in the box of number 7 of Form B-2. Also, the applicant should submit following required documentation to Secretariat (in hard copies and electronic copies):

1) Organizational profile
2) Documentation of the relationship between applicant and Healthy Cities projects/ programmes/ activities
3) Source of funding
4) CSR (Corporate Social Responsibility) plans/ activities (for applicant from private organization category)

Submission of materials in their original language is allowed when they are submitted together with materials translated into English.

Note: The Steering Committee may request submission of additional materials for review, when needed.

(3) Recognition Process
→ (Review)
Note: Administrative procedure for the membership recognition may take time from submission of documents above.
→ (Upon recognition of membership status by the Steering Committee, Secretariat will send an invoice of membership fee to the applicant)
→ (Upon recognition of membership status by the Steering Committee, Secretariat will send a signature form to the applicant to be signed by director/head/ representative (or equivalent) or individual)
→ (Upon recognition of membership status by the Steering Committee, Recognition letter will be sent to the applicant)

(4) A formal letter of recognition certifies the membership status as an associate member of the Alliance for Healthy Cities.

(5) Submit the signature form (sent from the Secretariat) to the Secretariat with the signature of director/head/representative (or equivalent) or individual to agree to the Charter of the Alliance for Healthy Cities.

(6) Pay the membership fee (US$500) and handling fee (US$25) for the year according to the invoice issued. Membership fees are based upon the calendar year (1 January to 31 December) and remain constant regardless of the date within that year when a member joins.

(7) Submit the following documentation (if any) to the Secretariat (in hard copies and electronic copies) :

- written policy statement in support of Healthy Cities (if applicable)
- future vision and goal of the a Healthy City (if applicable)
- analysis of priority health problems (if applicable)
- others

**3. Membership Fee**

Annual Membership Fee 2015
For each year: January 2015 (or date of enrollment) - December 2015

| | |
|---|---|
| Full membership | US$ 525 |
| Associate membership | US$ 525 |

(Annual Membership Fee US$500 + Handling Fee US$25)

Handling fee: It is expected that bank charges (an unknown amount to be incurred in your country and US$25 to be incurred on a Japanese bank) will be incurred on both sides of Alliance members and the Secretariat. Because of the limited financial resources of the Alliance, we would like to ask the Alliance members to bear both of the bank charges and remit US$525 in total to the Secretariat.

**4. Closing date for application**

Membership recognition for 2015 will be processed upon the receipt of complete application documents by each of the following closing dates.

February 27, 2015
April 30, 2015
June 30, 2015
August 31, 2015

**5. Contact to the Secretariat:**

Secretariat of the Alliance for Healthy Cities
c/o Professor Keiko Nakamura
Promotion Committee for Healthy Cities
Kanda-surugadai 2-1-19-1112, Chiyoda-ku, Tokyo 101-0062, JAPAN

Phone: +81 3 5577 6780
Fax: +81 3 5577 6780
E-mail: alliance.ith@tmd.ac.jp
URL: http://www.alliance-healthycities.com/

*[Form A]*

## Application Form: Application for a member of the Alliance for Healthy Cities

This form is for use by cities, municipalities, non-city entities (non-government organization, national government agencies, private organizations, international agency academic institutions), or individuals, **to apply for membership of the Alliance for Healthy Cities.**

This application form should be submitted to the Secretariat of the Alliance of Healthy Cities.
c/o Professor Keiko Nakamura, Promotion Committee for Healthy Cities,
Kanda-surugadai 2-1-19-1112, Chiyoda-ku, Tokyo 101-0062, JAPAN
Fax +81 3 5577 6780; E-mail: alliance.ith@tmd.ac.jp

We (I) approve the Charter of the Alliance for Healthy Cities and would like to become a member of the Alliance for Healthy Cities.

| 1. Full name of city, municipality, organization, or individual to become a member |
|---|
| |

| 2. Full name of Mayor/Governor, representative of organization; Title/Position |
|---|
| |

3. Membership Status [please tick]

[ ] Full Member
(City Government, Governing Unit of City, Municipality)

[ ] Associate Member (tick one of below)
- [ ] Individual
- [ ] NGO
- [ ] National government agency
- [ ] Private organization
- [ ] International agency
- [ ] Academic institution

4. We (I) enclose information sheet (*Form B-1 or Form B-2*) with this form. [ ] YES

5. We (I) send required documentation. [ ] YES

6. We (I) understand that there will be a fixed annual base fee (currently standing at US$500/year) covering one calendar year (1 January to 31 December) for recognized members. [ ] YES

7. We (I) will submit optional documentation when they are ready. [ ] YES

8. Signature of Mayor/Governor of city/municipality/town, representative of organization, or individual (for individual membership)

Signature: …….. Date: ……

*[Form B-1]*

# Information Sheet for Full Member (City/Municipality/Town)
# The Alliance for Healthy Cities

**Contact person's details**

Name: Title:

Organization: Section:

Address:

Telephone: Fax:

E-mail: Web site:

1. **Mayor/Governor details**

   Name of mayor/governor:

   Title:

   Date elected/appointed (designated): Term of office (years):

2. **Population**

   Population size of your city (recent statistics):

3. **Healthy City Project**

   Name of coordinator (or equivalent):

   Title: Date appointed:

   Starting date of your Healthy City Project Date started:

4. **Attendance at General Assembly**

   Our mayor and/or coordinator and/or substitution will participate in General Assembly of the Alliance for Healthy Cities (every 2 years). [ ] YES

5. **Membership fee**

   The city agrees to pay an annual base fee. [ ] YES

6. **Submission of documentation**

   The city will send the following: [ ] YES

   1) written policy statement in support of Healthy Cities
   2) future vision and goal
   3) profile of city (baseline data)
   4) analysis of priority health problems

# Information Sheet for Associate Member
# (Individuals; NGOs/National Government Agencies/ Private Organization/International Agencies/Academia)
# The Alliance for Healthy Cities

**Contact person's details**

Name: Title:

Organization:

Address:

Telephone: Fax:

E-mail: Web site:

**1. Director/head/representative details**

Name of director/head/representative:

Title: Date appointed (designated):

**2. Individual/ Type of Organization**

[ ] Individual

[ ] NGO [ ] National government agency

[ ] Private organization [ ] International agency

[ ] Academic institution [ ] Other

**3. Attendance at General Assembly**

Our director/head/representative and/or coordinator and/or substitution (or I) will participate in General Assembly of the Alliance for Healthy Cities (every 2 years). [ ] YES

**4. Membership fee**

We as the organization (or I as an individual) agree to pay an annual base fee. [ ] YES

**5. Potentiality of donations and/or contributions to support the Alliance**

Our organization are (or I am) interested in donations and/or contributions to support the Alliance. [ ] YES [ ] NO [ ] NOT SURE

**6. Submission of documentation**

The organization will send the following: [ ] YES

1) Organizational profile

2) Documentation of the relationship between applicant and Healthy Cities projects/ programmes/ activities

3) Source of funding

4) CSR (Corporate Social Responsibility) plans/ activities (for applicant from private organization category)

**7. Relation to Healthy Cities projects/ programs/ activities**

| Describe your relationship to Healthy Cities: |
| --- |
| |