GLOBAL HEALTHCARE TRAVEL COUNCIL

"Global Healthcare For All"

GLOBAL HEALTHCARE TRAVEL COUNCIL (GHTC)

OFFICIAL MEMBERSHIP ENROLMENT FORM – 2026

SECTION 1: ORGANIZATIONAL PROFILE

(Please provide accurate information as it appears on official registration documents.)

- **Full Legal Name of Organization:** _____
- **Trade Name / Brand (if applicable):** _____
- **Headquarters Address:**

  _____
- **City / State / Country:** _____
- **Official Website:** _____
- **Primary Corporate E-mail:** _____

SECTION 2: MEMBERSHIP CATEGORY (CRITICAL FOR CLASSIFICATION)

"*Please select the single level that best represents your organization. This selection will serve as the primary basis for classification and the determination of your **Annual Membership Fee.** Please refer to the GHTC Global Membership Prospectus 2026 for detailed criteria."*

- **[ ] LEVEL 1: Sovereign Leadership** *(National Councils, Ministries & Governmental Stakeholders);* **€2,500**
- **[ ] LEVEL 2: Institutional Excellence** *(Multinational Healthcare Networks, Technology Giants, Strategic Quality & Accreditation Authorities, Pharma/Life Sciences, Finance & Global TPAs):* **€2,500**
- **[ ] LEVEL 3: Specialized Unit Operations** *(Specialized Hospitals & Centers of Excellence):* **€1,500**
- **[ ] LEVEL 4: Facilitation Networks** *((Licensed, Certified, or Internationally Recognized Healthcare Advisory & Facilitator Organizations):* **€1,000**
- **[ ] LEVEL 5: Independent Expert Systems** *(Academic Leaders & Distinguished Professionals);* **€1,500**
- **[ ] LEVEL 6: Wellness & Medical Hospitality** *(Medical Thermal Hotels, & Wellness Spa, Longevity, Ayurveda Centers):* **€ 1,500**

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SECTION 3: LEADERSHIP & REPRESENTATION

- **Chairman / President / CEO Name: _____**
- **Designated Representative to GHTC: _____**
  (*The primary liaison authorized to represent the organization within GHTC Councils***)**
- **Representative's Official Title: _____**

SECTION 4: STRATEGIC COMPLIANCE & COMMITMENT

- **Existing Accreditations:** Please specify if your organization holds any of the following **3-level ISQua-accredited international accreditations**:
  [ ] TEMOS, [ ] JCI [ ], ACHSI (Australia), [ ] Other: _____
- **[ ] GHTC Code of Ethics**: I hereby formally confirm that our organization strictly adheres to the GHTC Global Code of Ethics and professional conduct standards.
  (Note: The comprehensive GHTC Code of Ethics document is available on the official GHTC portal and will be issued for formal institutional signature upon the pre-approval of this membership application).
- **[ ] Financial Acknowledgement & Rolling Membership:** I agree to the annual dues for our selected level. Enrollment is subject to COACS Board approval; the invoice will be issued upon acceptance, initiating our dynamic 12-month membership (365 days).

SECTION 5: FINAL ADHESION & DECLARATION

- **I, the undersigned, as the authorized representative of the organization mentioned above, hereby apply for membership in the Global Healthcare Travel Council (GHTC). I confirm that the information provided is accurate and that we will adhere to the GHTC Constitution and all internal regulations, and the global quality benchmarks adopted by the GHTC General Assembly.**
- **Date: ____ / ____ / 2026**
- **Place (City/Country): _____**
- **(Official Stamp & Authorized Signature) _____**

SECTION 6: FOR OFFICIAL USE ONLY (GHTC COACS MEMBERSHIP DIVISION)

- **Application Reception Date:** ____ / ____ / 2026
- **Assigned Membership ID: _____** *(e.g., L2-001-TUR)*
- **Payment & Transaction Status:** [ ] Pending [ ] Verified

Final Approval: _____
(Authorized Signature of GHTC COACS Membership Division President)