



WORLD
DUCHENNE
ORGANIZATION
UPPMD

WDO Aspiring Membership

Application form

Contact details: Name of applicant Address Country Email Phone
What is your connection with Duchenne / Becker muscular dystrophy?
Name of patient group:
Position in patient group:
How is your group constituted?
Mission and objectives:
Outline of activities (if any)

Please complete this application form and return it to suzieann.bakker@worldduchenne.org. Applications will be reviewed and submitted to an evaluation by the WDO Board.