



Form: 100.1/08

APPLICATION FOR CONSTITUENT MEMBERSHIP

Instructions :

1.This application must be completed in full. Where explanations are requested you may attach additional pages if necessary.

2. This application should be completed in one of the official WMA languages ie English, French or Spanish.

1. Formal or legal name of applicant organization:

2. Address:

3. Telephone:

4. Fax:

5a E-mail:

5b. Website:

6. Name and title of the official to whom communications should be addressed:

7. Languages preference for communications:

English _____ French _____ Spanish _____

8. Please submit 2 copies of the Governing documents of your organisation. eg Charter, Articles and Bylaws. One copy of all documents should be in one of the official languages used by WMA, if possible.

9. If you have been unable to provide a copy of your Charter or Articles in English, French or Spanish, please describe briefly the purpose and the major activities of your organisation:

10. Is your organisation an agency of government or financially subsidized by government? If so, please explain:

11. Is membership in your organization available to all physicians licensed to practice medicine in your country? If not, please explain any restrictions on membership:

12. What are the geographic boundaries for your organisation?

13. Does the organisation have members in all geographic regions of the country? If not, please explain:

14. Is membership in your organisation available to persons who are not physicians? If so, please identify the qualifications for such members:

15. Please estimate the total number of physicians in your country:

16. Please estimate the total number of physicians who are members of your organisation:

17. Please estimate the total number of members (ie physicians and non-physicians of your organisation):

18. The subscription payable to the WMA by a constituent member is assessed at a rate defined according to the Gross National Income of the home country of that member association. The dues rates are shared out in 4 categories and are of 2,00; 1,50; 0,90 and 0,40 Euros. (Please see the document FPL/DuesCategories 2008/Oct2007 for reference).

The association in question is free to declare the number of members for which it will be assessed for the annual subscription, and this may be different to the total membership of that association. If you are admitted to membership, how many members do you intend to declare for the purpose of assessment of your annual subscription? _____

(Note: a constituent member has the right to appoint one delegate to the Assembly

for each 10,000 members it has declared, or for any fraction thereof. It also has one vote at the Assembly for each 10,000 members it has declared, or fraction thereof. Any constituent member of the WMA with more than 50,000 declared members in the national association may appoint one member to the Council for every 50,000 members declared.)

19. Do you have a representative assembly or general meeting of your members?

20. How often do you have such meetings?

21. Do all of your members have the opportunity to attend or to be represented at such meetings?

22. If it is a representative assembly, please describe briefly how the members are represented (eg by delegates elected from geographic or specialty constituencies, etc)

23. Do members in attendance at such meetings have the right to vote?

24. Are some of the members, who have the right to vote at such meetings, non-physicians? If so, please explain:

25. The annual subscription payable to the WMA is due in January. Are there any currency regulations or restrictions in your country that would prevent your organisation from remitting its annual dues to the WMA Secretariat in Ferney-Voltaire, France.

If so, please explain fully:

26. Are there other medical or health organisations in your country representing physicians?

If so, please identify them and describe their purpose briefly:
