



APPLICATION FOR ORGANISATIONAL AND AFFILIATE MEMBERSHIP

Name of organization	
Postal address	
Email	
Website	

The representative from the organization for IFKF-WKA related activity	
Name:	
Position:	
Email:	
Phone:	
The contact person from the organization for IFKF-WKA (if different from above)	
Name:	
Position:	
Email:	
Phone:	

INFORMATION OF THE ORGANIZATION	
Is your organization registered with a government authority in your country?	
What year was your foundation/organization established?	
Vision/mission statement	
Key objectives of the organization	
Do you have an official not for profit status and tax-deductibility?	
Do you receive government or corporate financial assistance? If yes, the amount.	
What is the size of your organization? Types of member and number	

Brief description of the financial status of your organization. (Annual gross amount turnover, Income, Expenditure, balance)	
Do you have paid staff? (Number, type)	
How many volunteers assist (full-time equivalent)?	
Key activities (list 5-10)	

Type of Membership being applied.	<input type="checkbox"/> Organization member
	<input type="checkbox"/> Affiliate member
	<input type="checkbox"/> Level 1 US\$500 for 1 year, US\$900 for 2 years
Request of fee reduction (if applicable) Please indicate your preference. The Membership committee will review your application and grant the appropriate level of fee reduction.	<input type="checkbox"/> Level 2 US\$375 for 1 year, US\$675 for 2 years
	<input type="checkbox"/> Level 3 US\$250 for 1 year, US\$450 for 2 years
	<input type="checkbox"/> Level 4 US\$125 for 1 year, US\$225 for 2 years
	<input type="checkbox"/> Level 5 US\$25 for 1 year, US\$45 for 2 years

Supporting documents [Please tick if provided]

A copy of a formal resolution to apply for Membership or an official application letter from the Board/committee, with the name of the nominated representative.	
A copy of the Bylaws/Regulations (optional)	
A copy of the latest Annual Report of the organization (if available)	
A copy of the Information sheet/booklet of the organization (if available).	
A copy of the latest certified financial statement * * if applying for the annual fee reduction	

Signed by :	
Date:	



APPLICATION FOR ASSOCIATE MEMBERSHIP

Name of applicant	
Postal address	
Email	
Website	
Contact Phone	
Your professional	
Your current work position / organization	
Your most recent work position / organization (if applicable)	
Your affiliation with other professional / patient organization (name, position)	
Why do you want to become an associate member of IFKF-WKA?	
Your experience/expertise that may contribute to IFKF-WKA	
List some of your work / contribution to renal service and renal community.	

Standard annual fee	<input type="checkbox"/> Level 1 US\$50 for 1 year, US\$90 for 2 years
Request of fee reduction (if applicable)	<input type="checkbox"/> Level 2 US\$30 for 1 year, US\$55 for 2 years

Supporting documents [Please tick if provided]

A brief CV or introduction of the applicant	
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Signed by :	
Date:	