



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
See Information sheet for the level which will be granted according to the economic status of the country as defined by World Bank.	<input type="checkbox"/> Level 1 US\$500 for 1 year, US\$750 for 24-month*
	<input type="checkbox"/> Level 2 US\$375 for 1 year, US\$563 for 24-month*
	<input type="checkbox"/> Level 3 US\$250 for 1 year, US\$375 for 24-month*
	<input type="checkbox"/> Level 4 US\$125 for 1 year, US\$188 for 24-month*
	<input type="checkbox"/> Level 5 US\$25 for 1 year, US\$38 for 24-month*

* Special rate for 24 months from 1 July 2021 to 30 June 2023

Note: If required, can request the support of the "IFKF-WKA Membership Supporting Fund" to sponsor part of the fee.

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:	



International Federation
of Kidney Foundations
- World Kidney Alliance
Improving Kidney health
and care for all

Appendix 1b.

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\$75 for 24 months*
Request of fee reduction (if applicable)	<input type="checkbox"/> Level 2 US\$30 for 1 year, US\$40 for 24 months*

* Special rate for 24-months fee from 1 July 2021 to 30 June 2023.

Supporting documents [Please tick if provided]

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