



Information and Application form for Membership of International Federation of Kidney Foundation – World Kidney Alliance

(v31.01.25)

I. CATEGORIES OF MEMBERSHIP

A. Organizational Member

To be eligible for Organizational Membership, an organization must be:

- (i) A local, regional or nation-wide Kidney foundation, Kidney patient group or kidney advocacy organization which is primarily committed to improving the health, care and well-being of individuals with or at high risk of developing Kidney Disease or Kidney Failure
- (ii) A non-profit/ charitable entity under the laws of their country of incorporation;
- (iii) Multidisciplinary, meaning that the entity should have among its Membership: individuals from at least two of the following groups: medical practitioners/ physicians, nurses, dietitians, allied health, academics, researchers, social workers, people with kidney disease or kidney failure, care-partners including family members or caregivers of such patients, and people from the community at large who are interested in kidney advocacy

B. Affiliate Member

To be eligible for Affiliate Membership, an organization must be:

- (i) A local, regional or nation-wide organization that does not fulfil all of the criteria for IFKF-WKA Organizational Membership and that is committed to improving the health, medical care and well-being of individuals with or at high risk of developing Kidney Disease or Kidney Failure; or that is engaged in kidney health advocacy activities;
- (ii) Single or multidisciplinary
- (ii) A non-profit/ charitable entity under the laws of their country of incorporation;

C. Associate Member

To be eligible for Associate Membership, one must be:

A person who is or is not involved in healthcare but who is concerned with the provision, care, support or advocacy for people with or at high risk for developing Kidney Disease or Kidney Failure. This includes Doctors, patients, nurses, caregivers etc.

For information: Representatives and Voting.

Organizational and Affiliated Members shall be entitled to receive notice of, and appoint a representative to act on its behalf at the General and Extraordinary Meetings and have one vote each.

Associate Members shall also be entitled to receive notice of and attend the General and Extraordinary Meetings and is entitled to a partial vote, which is counted as 1/10 of the vote of an Organizational Member or affiliated Member, unless the Associate Member is a member of the IFKF-WKA Council, in which case the Associate Member will have a full vote equal to that of an Organizational Member or Affiliate Member.

II. APPLICATION FOR MEMBERSHIP

An organization or an individual wishing to become a member must file an application using the application form (Appendix 1a or 1b) and provide supporting documents (Appendix 2 – Supporting document) with the Secretary of the IFKF-WKA.

Send the completed application form to IFKF Secretariat Services info@ifkf.org

Application submission will be acknowledged within a week.

The application will be reviewed by the Membership and Council Subcommittee. Result of the application will be made known to the applicant within 4-6 weeks, with instruction on payment of the annual fee.

III. MEMBERSHIP FEE

IFKF-WKA adopts a low standardized annual fee for members, based on the economic status of the Organisation, applying for membership.

Fee details

(a) Organization or Affiliate membership

- **Membership will be valid for one year with effect from 01 Jan 2025. This will be calculated as one calendar year January to December. This change is due to us wanting to have a fixed period which is easy to track.**
- **Membership will now be two slab basis:**
 - **US\$ 100 and**
 - **US\$300.**
Membership fee for a period of 1 year ie.,
Calendar year (1st January to 31st December).
- **The criteria will not be the country's income but the Foundation affordability or the individual as the case may be.**

(b) Associate Membership

- **US\$ 100, membership fee for a period of 1 year ie., Calendar year (1st January to 31st December).**

(c) Individual Membership

- **US\$ 100, membership fee for a period of 1 year ie., Calendar year (1st January to 31st December).**

(ii) Payment date and duration of 1 year fee

The fee is for the 12 months.

*** As the collection of membership fees has got delayed, we request immediate payment.**

IV. APPEAL

Rejection by the Membership Committee

In the case of a membership application being rejected by the membership committee, the applying prospective member has the right to ask for an appeal reviewed by the full IFKF Council.

V. DISCONTINUATION OF MEMBERSHIP

(i) Failure to pay membership fees for two consecutive years following the receipt of the reminder. In case of a member experiencing financial difficulties, the member can request the Membership committee to reconsider the status of the member for appropriate fee reduction.

(ii) Action or activity conducted by a member which has caused damage to the reputation of IFKF-WKA . This decision will only be taken after thorough consideration by the Council member of IFKF-WKA.



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
	Membership will be valid for one year with effect from 01 Jan 2025. This will be calculated as one calendar year January to December. This change is due to us wanting to have a fixed period which is easy to track.
	Membership will now be two slab basis:
	US\$ 100 []
	US\$ 300 []
	The criteria will not be the country's income but the Foundation affordability or the individual as the case may be.

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	



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 fee	<input type="checkbox"/> US\$ 100 for a period of 1 year ie., Calendar year (1st January to 31st December).
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Supporting documents [Please tick if provided]

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

List of supporting documentation required.

	Organization Affiliate member	Associate member
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.	Required	Not applicable
A copy of the Bylaws/Regulations	(Optional)	
A copy of the latest Annual Report of the organization.	(if available)	Not applicable
A copy of the Information sheet/booklet of the organization.	(if available)	Not applicable
A copy of the latest certified financial statement	Required	Not applicable
A brief CV or introduction of the applicant	No applicable	Required