

MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION
APPLICATION FOR INDIVIDUAL MEMBERSHIP

Name: Female []

First name(s):.....

Date and place of birth:

Address (home):

(work):

Tel. (home): Tel. (work):

Fax. (home): Fax. (work):

E-mail.....

Medical School:

Year of Graduation:

Type of Practice:

Hospital and Faculty Appointments:

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.....

Public Health, Government or Industrial Appointments:

.....

.....

Membership and Offices in Medical Societies:

.....

.....

Is there a national medical women's association in your country? yes [] no []

If so, why are you not a member?

.....

Please give names of two personal references

1.

2.

Date: Signed:

MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION

May we request you to fill in the **Application Form** and send it back to the Secretariat with a short **Curriculum Vitae** for presentation to the Executive Committee.

The eligibility for affiliation as an Individual Member in MWIA is regulated by the Statutes, Article V, Paragraph b) :

“Individual Members. Any Medical Woman belonging to a country which does not have an affiliated National Association and who has filed an application directly with the Association and whose application has been accepted by the Executive Committee as an Individual Member.”

The annual subscription for Individual Members is 25 Swiss Francs or the equivalent amount in US Dollar/ Euro.

The first payment of the subscription is due after approval of your application by the Executive. Details of payment will be sent to you from the Secretariat.

Should you require any further information, please do not hesitate to contact the Secretariat at: secretariat@mwia.net.

Shelley Ross M.D.
Secretary-General
Medical Women's International Association
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