**APPLICATION FOR INDIVIDUAL MWIA MEMBERSHIP**

Name with degree(s): ........................................................................ Female [ ] First name(s): ......................................................................................................................... Date, place, country of birth: ..................................................................................... Address (home): ............................................................................................................

(work): ..............................................................................................................

Tel. (home): ................................................ Tel. (work): .............................................. Fax. (home): ............................................... Fax. (work): .............................................. E-mail.....................................................................

Medical School: ..................................................................................................................... Year of Graduation: ..............................................

Type of Practice: ...................................................................................................................

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 incl. their e-mail address

1. ...........................................................................................................................................

2. ...........................................................................................................................................

Date: .......................... Signed: .............................................................................

Please fill in the **Application Form** and send it back to the Secretariat with a short 2 page actual **Curriculum Vitae** including information on i) Hospital and Faculty Appointments, ii) Public Health, Government or Industrial Appointments and iii) Membership and Offices in Medical Societiesfor 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 approved by the Executive Committee as an Individual Member.”

**The annual subscription for Individual Members is currently 10 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. Non-payment of the annual subscription within 12 months of the due date will result in suspension of membership and non-payment of the subscription for 3 years, except in the case of a justified delay, entails loss of statutory rights. Membership shall be reinstated on payment of subscriptions owed or such amount as agreed by the Executive Committee.

Should you require any further information, please do not hesitate to contact the

Secretariat at [**sg-office@mwia.net**](mailto:sg-office@mwia.net)

Dr. Mariam Jashi

Secretary-General

Medical Women's International Association