



World Federation of Public Health Associations

800 I Street, NW, Washington DC 20001-3170 USA / Tel: +1.202.777.2490 Fax: +1.202.777.2533

MEMBERSHIP INFORMATION AND APPLICATION

HOW TO BECOME A MEMBER

If an association fits the standards set by the World Federation of Public Health Associations (WFPHA), as indicated below, the attached application should be completed and forwarded to the WFPHA Secretariat:

Secretary General
World Federation of Public Health Associations
800 I Street, NW
Washington, DC 20001
Tel: +1.202.777.2490
Fax: +1.202.777.2533
Email: bhatcher@wfpha.org

There are three membership categories:

1. **Full Membership** - National, multidisciplinary public health associations that meet the qualifications stated in the Federation's Constitution (Articles I, II, and III)*. Each country represented by one or more full member body shall have one vote on all matters to come before the Federation. Full members must pay their annual dues in full or provide an explanation for inability to pay dues in a given year. The annual dues fee is based on the following formula: US\$100.00 base dues plus US\$0.20 for industrialized countries and US\$0.10 for other countries multiplied by the number of members in the association, with a ceiling of US\$3,000.00 for industrialized countries and US\$300.00 for other countries.
2. **Regional Member** - Federations of national public health associations or of Schools of Public Health of a geographic region. Regional members shall promote the objectives of WFPHA within their region. Regional members pay no dues and are represented at meetings as observers.
3. **Sustaining Member** - Organizations and individuals that endorse the principles of the Federation and that desire to contribute financially to its support. Sustaining members receive Federation publications and attend meetings as observers. Annual dues are US\$1,000.00

* Articles I, II, & III of the WFPHA Constitution

1. The World Federation of Public Health Associations shall be a Federation of national multi-disciplinary associations concerned with public health generally as distinct from single or individual disciplines, subjects, professions, or occupations.
2. The World Federation of Public Health Associations shall be composed of nongovernmental public health associations. These associations may include within their respective membership organized groups or individuals from governmental, as well as non-governmental, organizations and individuals who have an interest in public health.
3. As public health associations are designed to be an integrating force among all elements within a country, only one such body from each country shall as a rule be recognized and admitted as a full member to the Federation. When two or more eligible associations exist in a country, these may be admitted with equal status as full members. In this case, they jointly have one vote, which they lose in case of disagreement between them.



MEMBERSHIP APPLICATION

1. Name of organization _____
2. Permanent Address _____

3. Telephone _____ (Please include country and city codes)
Alternate Telephone _____ (Please include country and city codes)
4. Fax _____ (Please include country and city codes)
Alternate Fax _____ (Please include country and city codes)
5. Email _____
Alternate Email _____
6. Date Legally Incorporated _____
7. Membership Category Full Regional Sustaining *(If this category is checked, skip to Question 10.)*
8. Does the association fulfill the requirements of Articles I, II, III of the WFPHA Constitution?
(Please attach a copy of your organization's Constitution and By-laws.)
 Yes No
9. Current officers and tenure of office

7. Most recent meeting of your organization *(Attach a copy of the program if available.)*



World Federation of Public Health Associations

800 I Street, NW, Washington DC 20001-3170 USA / Tel: +1.202.777.2490 Fax: +1.202.777.2533

8. Publications issued during the past year (*Attach copies if feasible.*)

9. Membership of the Association (*Give the number of members by professional/occupational categories, i.e. epidemiologists, health educators, health administrators, physicians, nurses, development workers, etc.*)

10. Other activities (*For sustaining members – give the main purpose of your organization.*)

11. The applicant organization accepts the dues assessment. (*Please do not send the dues payment at this time.*)

Yes No

12. Signature: _____ Print name: _____

13. Official Position in the Association: _____