



Subscription to WFHSS for National Associations as Full Members

Name of the Association* _____

Acronym _____

Country* _____

website www. _____

Status* (multiple answers are possible)
The "conflict of interest disclosure declaration" has to be filled)

Incorporated (legally registered) association
Unincorporated (not registered) association
National Organisation
Regional Organisation
Non-profit Organisation
Industrial organisation (manufacturer or distributor of Medical Devices)**
Other, please describe: _____

Contact Address*:

Postal Code* _____

City* _____

Street* _____

Number of Members* _____

President:

Name* _____

e-mail address* _____

Tel. No.: _____

Contact person 1 (other than president):

Name _____

e-mail address _____

Tel. No.: _____

Contact person 2:

Name _____

e-mail address _____

Tel. No.: _____

* Mandatory field

** Please use Subscription form for Corporate Membership

The association agrees with the content of the statutes (bylaws)*

The filled "Conflict of Interest Disclosure Declaration" is attached*

Comment: _____

**CONFLICT OF INTEREST
DISCLOSURE DECLARATION
(Full Members)**

The intent of the disclosure declaration is to allow wfhss full members to disclose any real or apparent conflict of interest with respect to their activities in relation to the aims of the wfhss.

NAME OF ASSOCIATION: _____

COUNTRY: _____

I hereby declare that the above named Association is a non-profit organisation and that the board members do not have any commercial interests in connection with the work for the Association.

Date: _____

President of the Association (please print the name): _____

Signature: _____