

APPLICATION FORM

1. About your organisation

Name of Organisation: _____

Postal Address of Organisation: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

Official Delegate Contact person for WFCCN correspondence/communication:

Name: _____

Position in Organisation: _____

Address: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

2. How many members belong to your organisation? _____

Is this number: actual _____ or estimate _____?

What percentage/number are critical care nurses? _____

Is this number: actual _____ or estimate _____?

3. Please attach the following information if available:

- a. Your organisations constitution
- b. Your organisations stated activities for the next year.
- c. A list of the executive council or key persons in your organisation including name, address and contact details, especially email. Or
- d. Provide website to your organisation information

To the best of my ability I have provided the most accurate and current information available to me at the time of completing this application form. Through my position, I have authority to apply for membership to the WFCCN on my behalf of the organisation I represent.

NAME:

POSITION:

ORGANISATION: