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| **Membership application form****Full or Associated Membership****Supporting membership** |
| Country |
| Application for Full membership [ ]   Associated membership [ ]  Supporting membership [ ]  |
| Name of organisation | Name of organisation in English |
| Name of President | Name of Secretary |
| Name of contact person |  |
| Address of organisation | Address of contact person, if different |
| Telephone number | Telephone number of contact person |
| Email of contact person if different | Website if available |
| Number of members in organisation | Number of midwives members of organisation |
| Number of midwives in country | Number of midwifery organisation in country |

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| Structure of organisation (please provide on the constitution, philosophy etc) |
| Please give details which demonstrates the organisation’s professional and financial independence as an organisation representing midwives  |
| Please provide details that demonstrate how your organisation functions to support midwives  |
| Other relevant information, if necessary |
| **The above mentioned organisation is applying for membership of the European Midwives Organisation and agrees to its aims and objectives laid down in the constitution** |
| Signature (President of the organisation):Date:  |