



WLMO MEMBERSHIP APPLICATION

Please return application and supporting documents by email to office@wlmo.org

For Full Membership

For Associate Membership

Full Name of Applicant (Officer)		Date	
Email address		Full Tel number	
Status of Applicants + Full name		*Signature 1	
Full name		*Signature 2	
Organisation name		Date established	
Membership of Regional Council	No or Yes (which one)	Category (Full, Assoc)	

* Must be elected officers of Organisation.

A) Leadership		Confirm status, add comments
	Self-appointed	
	Democratically elected	
	Physician led	

B) Legal		Confirm status, add comments
	Not for profit structure	
	Established, Constitution, statutes and byelaws	
	Bank account in name of Organisation (name)	

cont



C) Membership		Confirm status, add comments
	Number of fee-paying (non-student) members	
	Professional IT structure and website presence	
	Formulated marketing plan and Social Media presence	
	Resources: Office Staffing levels	

D) Conferences		Confirm status, add comments
	Planned	
	Had already, what attendance and when	
	Future plans	

E) Certification	Currently under review	Confirm status, add comments
	At least one IBLM or BSLM or other National Certified member on Board of Directors	
	Planning to conduct or already conducted IBLM/BSM/other national exam	
	Yearly IBLM/BSLM/other national Exam	

cont



Attached Supporting documentation (translated into English where appropriate)

- **Constitution, Articles of Association**
- **Bank statement**
- **Latest Audited accounts**
- **Social Media addresses**
- **Office address**
- **Contact addresses**

THANK YOU

For WLMO Office only:

Application received date:

Supporting documents received:

- Constitution, Articles of Association
- Bank statement
- Audited accounts
- Social Media addresses
- Office address
- Contact addresses

Passed to SMT date:

Decision and Action:

Date outcome transmitted to applicant: