



## WORLD ORGANIZATION OF NATURAL MEDICINE AFFILIATE ORGANIZATION APPLICATION

Name: \_\_\_\_\_ Institution: \_\_\_\_\_

Department: \_\_\_\_\_ Rank: \_\_\_\_\_

Website: www. \_\_\_\_\_ Registered/established as: \_\_\_\_\_

### Eligibility

Application will be assessed and approve or decline by WONM registrar

Country (or countries) of registration/establishment and nature and title of authorities with which registered: \_\_\_\_\_

Do you consider your organization to be national, regional or international and explain why?

\_\_\_\_\_

Are any government's officials members of your board or executive staff? If so, please specify.

\_\_\_\_\_

Does your organization have any relationship to a government? If yes, please describe the nature of this relationship.

\_\_\_\_\_

How many members does your organization have: \_\_\_\_\_?

Do the membership rules of your organization allow both individuals and organizations to be members? If so, please provide a list of the member organization(s).

Summarize the aims and purposes of your organization.

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\_\_\_\_\_

Give a brief description of member's practices and interests with respect to the mandate of your Organization. Attach additional pages if necessary.

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\_\_\_\_\_

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Which Research Domain(s) best match your research interests:

Physical Medicine [ ]      Botanical Medicine [ ]      Homeopathic Medicine [ ]  
Oriental Medicine [ ]      Indigenous Medicine [ ]      Nutrition/Orthomolecular medicine [ ]  
Mental Health [ ]      Nursing [ ]      Midwifery [ ]  
Biologic Dentistry [ ]      Biologic Medicine [ ]

Which International Issues most concern your Board or Council?

Citizenship, Justice and Security [ ]      Culture, Language and Identity [ ]  
Economic Consequences of Health Care [ ]      Education in Health Care [ ]  
Migration and Diversity [ ]      Health and Well-Being of Immigrants [ ]  
Human Rights and Social Justice [ ]      Discourse, Values and Attitudes in Health Care [ ]

Is your organization's accreditation with any organs, funds, programs or specialized agencies of the United Nations? If so, please specify.

List other organizations you are affiliated with:

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Affiliate organization membership fee is \$4,000.00 and annual renewal \$2,000.00 (donation)

**Please attach a recent C.V. of your Chairman or President to this application.**

The undersigned, an Officer in good standing, located at \_\_\_\_\_, State/Province of \_\_\_\_\_, respectfully requests to be admitted to organizational membership and affiliation into the World Organization for Natural Medicine and concur with its mandate as servants to humanity geared towards the world's poor.

Dated, \_\_\_\_\_, 20\_\_\_\_. (Signed), \_\_\_\_\_ Title \_\_\_\_\_

Recommended by \_\_\_\_\_

Approved by WONM Registrar or authorized officer: \_\_\_\_\_ Date \_\_\_\_\_

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Please forward completed application and accompanying documentation to:

WONM-NORTH AMERICAN OFFICE  
2813 Victoria Park Avenue  
Scarborough, Ontario M1W 1A1  
Tel/Fax: 416 492 6725 Email registrar@wonm.org