



W.O.N.M
WORLD ORGANIZATION OF NATURAL MEDICINE
CLINICS FOR HUMANITY
APPLICATION

Name: _____ Institution: _____

Department: _____ Rank: _____

Website: www. _____ Registered/established as: _____

Eligibility

Application will be assessed and approved or declined 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.

Give a brief description of your organization humanitarian activities. Attach additional pages if necessary.

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

Community Health Clinic [] Botanical Medicine [] Homeopathic Medicine []
Indigenous Medicine [] Disaster relief []
Mental Health [] International outreach [] Midwifery []
Nutrition [] Environmental Medicine []

Which International Issues most concern your organization?

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:

WONM certified Clinics for Humanity fee is \$2,000.00 and annual renewal \$1,000.00 (donation)

Please attach a recent C.V. of your Chairman or President and enclosed a brochure which outline your organization activities 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 it mandate as servants to humanity geared towards the worlds poor.

Dated, _____, 20____. (Signed), _____ Title _____

Recommended by _____

Approved by WONM Registrar or authorized officer: _____ Date _____

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 info@wonmfoundation.org