



ALLIED SUPPORTERS MEMBERSHIP APPLICATION

Applicants for the membership status of Allied Supporters shall be individuals, institutions, federations, organizations or groups who are allied health care givers and who demonstrate support for the policies of the IFDH. **Allied Supporters do not exercise the right to vote nor do they have the right to representation.**

Allied Supporters membership benefits:

- Personal list of Officers & Delegates to the Federation
- List of Allied Supporters members
- A certificate confirming your Allied Supporter affiliation status

Application for Allied Supporters membership:

Complete this form and send it to the address below. Documents required:

1. a copy of the applicant's Constitution and By laws, Statute, or Articles of Incorporation that define its objectives and composition
2. in the case of an individual, proof of membership (in good standing) in an Association Associations/Affiliations:

Name:

Full address:

Phone/Fax:

E-mail:

Association/Affiliation:

Membership:

- Individual one-year membership (USD125) NFP Group one-year membership (USD400)
 Other institutions, federations, organizations for profit (fees determined by membership formula – please provide membership number to IFDH Treasurer to receive invoice)

Wire/Electronic Transfer Amount: USD

Transfer to IFDH: ANZ Bank, Shop 16, 383 Keilor Road, Niddrie 3042. Victoria Australia

Account: 3511 87313 **Sort code / BSB:** 013 373 **Swift Code:** ANZBAU3M

Name of your bank:

Branch:

Transfer date / reference:

Credit card payment: Visa MasterCard **Amount: USD**

Card no:

Expiry date:

Cardholder name:

Signature:

Declaration:

I hereby certify that the information provided is correct **and that I support the policies of the IFDH.** Proof of national association membership is enclosed.

Signature:

Date: