



World Federation of Athletic Training and Therapy

Application for Allied Health Profession Membership

Membership in the Organization shall be limited to any Allied Health Association, Organization or similar organized group who have collaborative interests and whose application for admission as a member has been approved by the Board of the Organization. This membership category is non-voting.

Membership Fee (2019-20): \$200 USD

When preparing your application, please begin each section on a new page. Respond to each section in order. Feel free to include any additional information about your association/organization.

Please submit your completed application electronically to:

Dr. Glen Bergeron, President
World Federation of Athletic Training and Therapy
Department of Kinesiology and Applied Health
The University of Winnipeg
515 Portage Ave Winnipeg, Manitoba Canada R3B 2E9
g.bergeron@uwinnipeg.ca

SECTION 1

- a) Name of your Association/Organization
- b) Date of application
- c) Country
- d) Head office address and contact information
(Please include www address/URL, e-mail addresses, telephone & fax numbers)

SECTION 2

- a) Please tell us about your association/organization.
- b) Describe how your association/organization is structured and how it operates.
 - (i) Include the mission and goals/objectives of your organization.
 - (ii) You may wish to include an organizational chart or diagram.
 - (iii) Describe your membership categories and the requirements for each.
 - (iv) Are your members regulated by government? If so, please describe this briefly
- c) Number of members
- d) Officers of the association/organization (names and offices and contact information)
- e) Number of members in each membership category.

- f) Does the association/organization certify or license its members? If yes, please describe this process.
- g) When was your association/organization founded?
- h) Is the association/organization incorporated?
- i) Which of the following best describes your association/organization?
 - Professional association/organization
 - Interest group (affiliated with a professional organization)
 - Other (please describe)
- j) Is the association/organization national, regional, or local?

SECTION 3

- a) Why does your association/organization want to join the WFATT?
- b) Outline how the association/organization plans to collaborate with the WFATT.

SECTION 4

- a) Name(s) and office(s) of person(s) completing this application
- b) Address and contact information of person(s) completing this application

SECTION 5

- a) Include a letter from your chief executive officer authorizing the application to the WFATT.
- b) You may also consider including any other reference letters from other national associations, government agencies, etc which support your association and its membership in the WFATT.