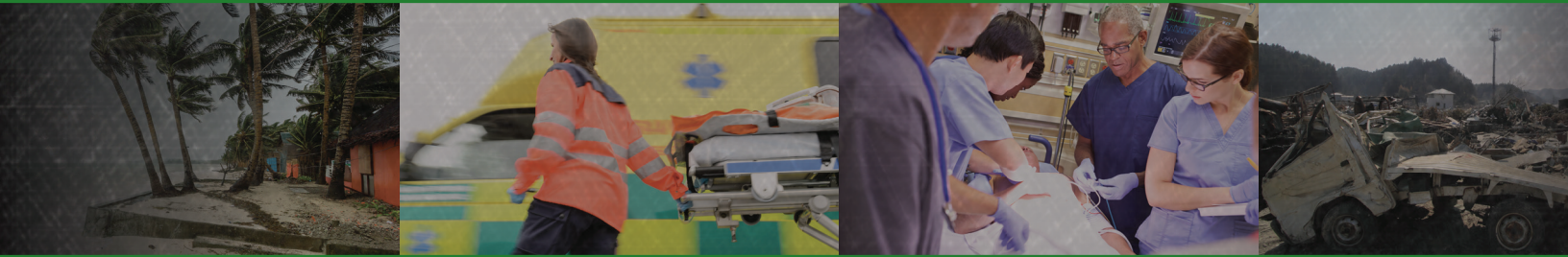




# WADEM

WORLD ASSOCIATION FOR DISASTER AND EMERGENCY MEDICINE



## WADEM Affiliate Organization Membership Application

Organization Name: \_\_\_\_\_

Membership Referred by: \_\_\_\_\_

Organization Website: \_\_\_\_\_

Number of Members, Staff, Faculty, etc.: \_\_\_\_\_

Year Founded: \_\_\_\_\_

Mission: \_\_\_\_\_

Annual Affiliate Organization Fee: *(please visit - [www.wadem.org/affiliates.html](http://www.wadem.org/affiliates.html) - for more information)*

Contact Person: \_\_\_\_\_

### Payment Information

Email Address: \_\_\_\_\_

Check (U.S. and Canadian Banks only)

Telephone #: \_\_\_\_\_

MasterCard\*

Mailing Address: \_\_\_\_\_

VISA\*

American Express

\_\_\_\_\_

Credit Card #: \_\_\_\_\_

\_\_\_\_\_

Exp. Date (Month/Year): \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Country: \_\_\_\_\_

\*You may send your credit card payment by fax to +1-608-819-6055 or by mail to address below. You may also provide the information by calling the WADEM office at +1-608-819-6604. *Please do not send any credit card information by email.*