



World Allergy Organization Member Society Application

Formal or Legal Name of Society: _____

Name of person submitting application: _____

Title of person submitting application (within the society): _____

Number of Members: _____

Official Language: _____ Country Represented: _____

Primary Contact Name: _____ Primary Contact Email: _____

Address: _____ City: _____

State/Province: _____ Country: _____ Zip/Postal Code: _____

Telephone: () _____ Fax: () _____

Society Web site: _____

Upcoming Society Meetings (Name and Year(s) hosted by your society): _____

Other Allergy Societies/Organizations the applicant society is affiliated with: _____

Your application will not be processed until the information below is received by the WAO Secretariat:

(1) Completed Membership Application (above)

(3) Officer Roster: Current list of officers (for example: President, President Elect, Secretary General, etc.) and Board of Directors, including address, telephone, fax, and email address for each (Please send data as an Excel spreadsheet, Word document or via disk)

(3) Membership Roster: Current list of names, addresses, telephone, fax and email addresses of all active members. (Please send data as an Excel spreadsheet, Word document or via disk)

(4) Copy of the society's current Constitution and Bylaws in English (Translated if necessary)

Please email, fax, or mail the completed application and materials to the information provided below:

World Allergy Organization (WAO)
555 E. Wells Street, Suite 1100
Milwaukee, WI 53202-3823 USA
Telephone: +1 414 276 1791
Fax: +1 414 276 3349
Email: info@worldallergy.org

The WAO Secretariat will contact you via email upon receipt of a complete application.