**Date:**

**Organization Information**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Phone |  |
| Fax |  |
| Web Site |  |
| E-mail |  |
| Type of Activity | □ Professional organization □ Academic society □ Research center  □ Nursing School/University □ Others… |
| Number of members |  |

**Representative Information**

|  |  |
| --- | --- |
| Full Name |  |
| Title (If different) |  |
| Address |  |
| Phone |  |
| Fax |  |
| E-mail |  |

**Contact Person Information**

|  |  |
| --- | --- |
| Full Name |  |
| Position |  |
| Mailing Address |  |
| Phone |  |
| Fax |  |
| E-mail |  |

**Note:** Membership is activated only application is approved by the Board of Directors.

*Any Inquiry, please contact:* **Thailand Nursing and Midwifery Council (Secretariat to WANS)**

Email: secretarywans@gmail.com