**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