



IAAP

International Association of
Anthroposophic Pharmacists

APPENDIX I: APPLICATION FORM FOR COUNTRY MEMBERSHIP

February 2007

1. Applying Association

Association Name	
Address	
Country	
Phone	
Email	
Present legal status of association	
Proposed legal status of association	



IAAP

International Association of
Anthroposophic Pharmacists

2. Membership

Categories of members	Voting Rights
(a)	
(b)	
(c)	
(d)	

Qualification for each category of membership

(a)	
(b)	
(c)	
(d)	



IAAP

International Association of
Anthroposophic Pharmacists

3. Membership

Additional anthroposophic pharmaceutical experience per category

Membership Category	(a)	
	(b)	
	(c)	
	(d)	

4. Membership

Additional anthroposophic knowledge/study per category

Membership Category	(a)	
	(b)	
	(c)	
	(d)	



IAAP

International Association of
Anthroposophic Pharmacists

5. Other Criteria

Please provide the following

- Copy of current country membership application form
- Current membership register, showing number of members by category
- The association's complaints procedure
- The association's disciplinary procedure

6. IAAP Board

Please nominate your association's designated member of the IAAP Board

7. Decision of the IAAP Board RE Application

Please attach your Association's Constitution in support of your application
(in two languages, preferred English, German or French).