



**International Association
of
Anthroposophic Pharmacists
IAAP**

Goetheanum
Medical Section
4143 Dornach
Switzerland

info@iaap.org.uk
www.iaap.org.uk

Appendix I: APPLICATION FOR COUNTRY MEMBERSHIP, February 2007

1. THE APPLYING ASSOCIATION

Association Name

Address

.....

Country

Tel Fax

Email

Present Legal Status of Association

Proposed Legal Status of Association

2. MEMBERSHIP

Categories of Members

Voting Rights

(a)

(b)

(c)

(d)

Qualifications for each Category of Membership

(a)

(b)

(c)

(d).....



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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)
-



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5. OTHER CRITERIA: Please supply 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

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7. DECISION OF THE IAAP BOARD re APPLICATION

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