



International Confederation of Amputee Associations

Application Form for Full Members 2021

Association Details

Association Name			
Registered Address			
Town		Postal Code	
Correspondence Address (if different from above)			
Town		Postal Code	
Registration Number			
Website			
Date of Application			

Applicant on behalf of the Association details

Title (Mr, Mrs, Ms)	
First (given) Name	
Surname	
Current Position in Association	
Contact Number	
E-mail Address	

Payment of membership fee

For 2021 the IC2A has made the membership fee optional for amputee association given the difficulties faced by associations around the world in 2020.

If your association would like to pay the membership fee in 2021, please note that the membership rate for 2021 depends on the economic status of the country in which your organisation is based. To encourage Amputee Association Membership from all world regions, a sliding scale is applied related to the World Bank country categories (see <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519>) as follows:

Low income country = Euros 35

Low middle income country = Euros 50

Upper middle income country = Euros 75

High income country = Euros 100

A membership year is a calendar year from January to December 2021

Please submit your application without payment. If your application is successful then the Secretariat of the International Confederation of Amputee Associations will send you an invoice.

DECLARATION:

I confirm that the named association agrees to abide by the membership regulations outlined in the Governing Document of the International Confederation of Amputee Associations. All information provided is correct to the best of my knowledge, and I have the authority to apply for membership on behalf of the named Association.

Signed _____

Date _____

Please return completed applications to:

Angie Weatherhead
Membership Officer
IC2A Secretariat Office
95 Dryburgh Road
Wishaw
North Lanarkshire
Scotland, UK
ML2 7JH

or scan and attach to an email to: membership@ic2a.eu
PLEASE NOTE WE PREFER EMAIL CORRESPONDENCE

IC2A Secretariat use only

Application Accepted

Signed _____

Application Rejected

Signed _____

Signed _____

Signed _____

Signed _____

Signed _____

Signed _____

Send acceptance letter

Request payment

Payment received date: _____

Request logo

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