



# International Federation of Kidney Foundations

To foster international collaboration and exchange of ideas that will improve the health, well being and quality of life of individuals with kidney disease

## APPLICATION FOR IFKF ORGANISATION MEMBERSHIP

(Please type or print clearly)

Full name of the proposed Member Organisation		
Official postal address of the Organisation		
Suburb/Town/City		
State/Region/Province	Zip/Postcode	Country
Phone (+ country code)	Fax (+ country code)	Organisation email
Organisation website (if applicable)		
Full name of authorised person making application (The signatory below)		
Position in organisation		
Individual's personal contact details <i>For office purposes only</i>		
Phone (+ country code)	Mobile/Cell number (+ country code)	Personal email (if different from organisation contact)

Personally signed by .....  
 I hereby acknowledge signatory has authority of the nominated Organisation's Board or Committee of management to make this Membership Application

Print full name of signatory .....

On behalf of (Organisation) .....

Date submitted .....

This formal application will be put before the IFKF Board Executive Committee at its next available meeting, pursuant to the IFKF Bylaws 2007.

On approval by the IFKF Executive Committee and payment of applicable subscription dues set at the time of approval by the Executive, the organisation will be admitted to the IFKF Register and will be invited to nominate an official representative to the IFKF Board of Directors.

- Membership fees payable are for one calendar year - renewed annually on 1 January
- Member organisations will receive request for fees due in December annually from the IFKF Secretary/Treasurer, setting out their allocated Organisational Membership Fee
- Should an IFKF Organisational Member default on fee payment, it may be removed from the IFKF Register unless good cause is shown

Submit the completed Forms (including the Financial Disclosure Form) by email/fax accompanied by your formal application letter - addressed to either Co-Chairs of the IFKF Membership Committee:

Professor Joel Kopple (Co-Chair)  
 UCLA Research & Education Institute  
 Harbor-UCLA Medical Center  
 1124 W Carson St C-1 Annex  
 Torrance CA 90509 USA  
[jkopple@labiomed.org](mailto:jkopple@labiomed.org)  
 Ph: +1 310 222 3891

Mr Warwick Prime (Co-Chair)  
 c/ - Kidney Health of Australia  
 GPO Box 9993  
 Adelaide SA 5001 Australia  
[warwick.prime@kidney.org.au](mailto:warwick.prime@kidney.org.au)  
 Ph: + 61 8 8334 7509  
 Fx: +61 8 8334 7540



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### IFKF COUNCIL MEMBER INFORMATION DISCLOSURE

*This information is confidential between the member and the Board/Secretary of the IFKF and will only be shared with the authority of the member or in a generic stabilised format, which does not identify the member. Every IFKF Council Member is required to complete this form annually.*

1. *Is your organization registered with government authority in your country?*

Yes  No

2. *Do you have official not for profit status and tax deductibility?*

Yes  No

3. *Do you have paid staff?*

Yes - How many? \_\_\_\_\_

No - Who administers your organization? \_\_\_\_\_

4. *How many volunteers assist (full time equivalent)?* \_\_\_\_\_

5. *What is your organization gross amount turnover?* \_\_\_\_\_

6. *Can you provide us (if you haven't already done so) with a copy of your By-Laws constitution, or Memorandum and Articles of Association?*

Yes  No

7. *Do you have a Vision/Mission Statement? If so please provide a copy.*

Yes  No



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8. Please nominate your three most important objectives:

Objective 1: \_\_\_\_\_

Objective 2: \_\_\_\_\_

Objective 3: \_\_\_\_\_

9. Do you receive government or corporate financial assistance?

Yes  No

10. What are your three greatest achievements?

Achievement 1: \_\_\_\_\_

Achievement 2: \_\_\_\_\_

Achievement 3: \_\_\_\_\_

11. What year was your foundation/organisation established? \_\_\_\_\_