

# WFPICCS Membership Application Form



## World Federation of Pediatric Intensive and Critical Care Societies (WFPICCS)

WFPICCS is committed to a global environment in which all children have access to intensive and critical care of the highest standard. The mission of WFPICCS is exclusively educational, scientific and charitable in nature. It exists to find ways of improving the care of critically ill children throughout the world, and make that knowledge available to those who care for the children. WFPICCS, a not-for-profit Federation, continues to take care of critically sick children and their families by reaching out and collaborating internationally with pediatric and neonatal critical care professionals. [www.wfpiccs.org](http://www.wfpiccs.org)

<b>Full Name and Abbreviation of the Society/Association:</b>	
<b>Society/Association founded date:</b>	
<b>Society/Association is registered at (Place &amp; Country):</b>	
<b>Society/Association website:</b>	
<b>President of the Society/Association:</b>	
Name:	
Address:	
ZIP code:	
City:	
Country:	
Phone:	
Email:	

<b>Contact Person of the Society/Association for WFPICCS Affaires:</b>	
Name:	
Address:	
ZIP code:	
City:	
Country:	
Phone:	
Email:	

<b>Secretarial Office of the Society/Association:</b>	
Name:	
Address:	
City:	
Country:	
Phone:	
Email:	

<b>About the Society/Association</b>	
<b>Covering professional disciplines/areas (tick boxes that apply):</b>	
Pediatric Critical Care	<input type="checkbox"/>
Neonatology	<input type="checkbox"/>
Pediatrics	<input type="checkbox"/>
Adult Critical Care	<input type="checkbox"/>
Emergency Medicine	<input type="checkbox"/>
Others:	

<b>How many individual members are registered at the Society/Association?</b>
Total:

<b>What professions have the members of the Society/Association? (tick boxes that apply)</b>	
Physicians	<input type="checkbox"/> please indicate the number or members:.....
Nurses	<input type="checkbox"/> please indicate the number or members:.....
Physiotherapists	<input type="checkbox"/> please indicate the number or members:.....
Others:	please indicate the number or members:.....

<b>Further comments or details about the Society/Association:</b>

<b>Name: (person who completed this form)</b>	<b>Place and Date</b>
<b>Email:</b>	

**Please fax or email this form to the WFPICCS Secretarial Office:**  
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 CH – 1207 GENEVA  
 Switzerland  
**Tel:** +4122 839 84 84  
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