**AMSA International**

**Full/Associate Membership Application Letter**

To:

Marjorie Ong Jia Yi

chair@amsa-international.org

Overall Chairperson

AMSA International 2020/2021

Muhammad Maulana Wildani

membership@amsa-international.org

Director of Membership and Development (Membership)

AMSA International 2020/2021

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| **Member Information** |
| Member (Chapter) | **AMSA [Name of Member]** |
| Application\* | **Full/Associate** |
| Date of Approved Observer Membership | **DD/MM/YYYY** |
| Name of RC | First Name |  |
| Last Name |  |

\*please strikethrough the irrelevant option

On behalf of AMSA [Name of Member], I, as the Regional Chairperson of AMSA [Name of Member], would like to upgrade the membership status of my AMSA Member. Hereby are the requirements that are needed as part of Full/Associate Membership application:

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| **Minimum Requirements** |
| This section should be completed thoroughly. |
| **Constitution of Chapter***If it is impossible to put the whole constitution here, you may attach a separate document into the email.*[INSERT THE CONTENT OF CONSTITUTION HERE]**AMSA International Conferences Delegation**

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| **EAMSC/AMSC [YYYY]** |
| Names of Delegates | * **Delegate 1 [Chief of Delegates]**
* **Delegate 2**
* **Delegate 3**
* **Delegate 4**
* **Delegate 5**

*\*please list all the delegates who attended the conference* |
| Participation in Conference\* | Academic Competition |  |
| Cultural Night Performance |  |
| Pre-Conference Training |  |
| Post-Conference Training |  |

\*Please elaborate the relevant activities.Evidence of Activities in EAMSC/AMSC [YYYY]*Please insert any evidence that validates participation in conference. You may provide evidences in the form of photos or report.*Photos:Report:

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| **EAMSC/AMSC [YYYY]** |
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* **Delegate 3**
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* **Delegate 5**

\*please list all the delegates who attended the conference |
| Participation in Conference\* | Academic Competition |  |
| Cultural Night Performance |  |
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\*Please elaborate the relevant activities.Evidence of Activities in EAMSC/AMSC [YYYY]*Please insert any evidence that validates participation in conference. You may provide evidences in the form of photos or report.*Photos:Report:\*\*if your Member has attended more than two conferences during your observatory period, feel free to add the table.**Member Local Activities***You must have hosted at least five local activities in the past year, with reference to the following subsidiaries of AMSA International:*1. *Director of Academic*
2. *Director of AMSEP*
3. *Chief Editor of JAMSA*
4. *Chief Editor of eNewsletter*
5. *Director of Membership and Development*
6. *Director of Public Health*

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| **[Name of Activity]**  |
| Name of Relevant Subsidiary |  |
| Person in Charge / Organiser of Activity | University / Institution |  |
| Email Address |  |
| Contact Number (with country code) |  |
| Overview of Activity | Date |  |
| Time |  |
| Platform |  |
| Target Audience |  |
| Number of Participants |  |
| Total Expenditure (USD) |  |

\*please fill in the relevant details.Evidence of Activities in [Name of Activity]*Please insert any evidence that validates the execution of activity. You may provide evidences in the form of photos or report. If it is impossible to insert the whole report here, please attach a separate document into the email.*Photos:Report:

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\*please fill in the relevant details.Evidence of Activities in [Name of Activity]*Please insert any evidence that validates the execution of activity. You may provide evidences in the form of photos or report. If it is impossible to insert the whole report here, please attach a separate document into the email.*Photos:Report:\*\*should there be any other local activity/activities has/have been conducted, feel free to duplicate the table above. |

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| **Additional Requirements** |
| Please add any other requirements if any. |
| **Official Social Platforms**

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| Website |  |
| Facebook |  |
| Instagram |  |
| Twitter |  |

\*should there be any other platform available, feel free to add the column. |

By signing this letter, I certify that this application letter is made without any force and all information given in this application letter is correct and true. I agree that any professional misconduct would result in the failure of Full/Associate\* Membership application.

Best regards,

[Signature]

[Name of RC]

AMSA [Name of Member]

[DDMMYYYY], [CITY, COUNTRY]

*\*please strikethrough the irrelevant option*