**AMSA International**

**Observer Membership Application Letter**

To:

Marjorie Ong Jia Yi

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Overall Chairperson

AMSA International 2020/2021

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Director of Membership and Development (Membership)

AMSA International 2020/2021

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| **Member Information** | | |
| Member (Chapter) | **AMSA [Name of Member]** | |
| Name of RC | First Name |  |
| Last Name |  |

On behalf of AMSA [Name of Member], I, as the Regional Chairperson of AMSA [Name of Member], would like to apply to be part of AMSA International. Hereby are the requirements that are needed as part of Observer Membership application:

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| **Minimum Requirements** |
| This section should be completed thoroughly. |
| **Official Member Logo**  *Please also insert a png format into the email.*  [INSERT THE OFFICIAL MEMBER LOGO HERE]  **Details of N-EB** *(with reference to the subsidiaries of AMSA International):*   |  |  | | --- | --- | | **Regional Chairperson** | | | Full Name |  | | Nickname |  | | University/Year |  | | Predicted Year of Graduation |  | | Official Email |  | | Personal Email |  | | Phone Number  (with Country Code) |  |  |  |  | | --- | --- | | **Secretary\*** | | | Full Name |  | | Nickname |  | | University/Year |  | | Predicted Year of Graduation |  | | Official Email |  | | Personal Email |  | | Phone Number  (with Country Code) |  |  |  |  | | --- | --- | | **Director of Academics\*** | | | Full Name |  | | Nickname |  | | University/Year |  | | Predicted Year of Graduation |  | | Official Email |  | | Personal Email |  | | Phone Number  (with Country Code) |  |  |  |  | | --- | --- | | **Director of AMSEP\*** | | | Full Name |  | | Nickname |  | | University/Year |  | | Predicted Year of Graduation |  | | Official Email |  | | Personal Email |  | | Phone Number  (with Country Code) |  |  |  |  | | --- | --- | | **Chief Editor of JAMSA\*** | | | Full Name |  | | Nickname |  | | University/Year |  | | Predicted Year of Graduation |  | | Official Email |  | | Personal Email |  | | Phone Number  (with Country Code) |  |  |  |  | | --- | --- | | **Chief Editor of eNewsletter\*** | | | Full Name |  | | Nickname |  | | University/Year |  | | Predicted Year of Graduation |  | | Official Email |  | | Personal Email |  | | Phone Number  (with Country Code) |  |  |  |  | | --- | --- | | **Director of Membership and Development\*** | | | Full Name |  | | Nickname |  | | University/Year |  | | Predicted Year of Graduation |  | | Official Email |  | | Personal Email |  | | Phone Number  (with Country Code) |  |  |  |  | | --- | --- | | **Director of Public Health\*** | | | Full Name |  | | Nickname |  | | University/Year |  | | Predicted Year of Graduation |  | | Official Email |  | | Personal Email |  | | Phone Number  (with Country Code) |  |   \*you may customise the title of the positions according to the Member’s preferences, but the definition of the responsibilities must be kept similar.  \*\*should there be any additional position(s) for your N-EB, feel free to duplicate the table above.  **Organisational Chart**  *If it is impossible to put the whole organisational chart here, you may attach a separate document into the email.*  [PUT THE ORGANISATIONAL CHART HERE]  **System of Communication**  *Please elaborate the system of communication that will be applied in your chapter.*  **Database of members**   * *Please attach the document which contains a minimum of the following: Names, Universities, Year of Graduate of each member.* * *If it is impossible to put the whole database of members here, you may attach a separate document into the email.* |

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| **Additional Requirements** |
| Please add any other requirements if any. |
| **Constitution of Chapter**  [INSERT THE CONTENT OF CONSTITUTION HERE]   * *If it is impossible to put the whole constitution here, you may attach a separate document into the email.*   **Official Social Platforms**   |  |  | | --- | --- | | 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 Observer Membership application.

Best regards,

[Signature]

[Name of RC]

AMSA [Name of Member]

[DDMMYYYY], [CITY, COUNTRY]