**AMSA International**

**Observer 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]** |
| 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):*

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| **Regional Chairperson** |
| Full Name |  |
| Nickname |  |
| University/Year |  |
| Predicted Year of Graduation |  |
| Official Email |  |
| Personal Email |  |
| Phone Number(with Country Code) |  |

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| **Secretary\*** |
| Full Name |  |
| Nickname |  |
| University/Year |  |
| Predicted Year of Graduation |  |
| Official Email |  |
| Personal Email |  |
| Phone Number(with Country Code) |  |

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| **Director of Academics\*** |
| Full Name |  |
| Nickname |  |
| University/Year |  |
| Predicted Year of Graduation |  |
| Official Email |  |
| Personal Email |  |
| Phone Number(with Country Code) |  |

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| **Director of AMSEP\*** |
| Full Name |  |
| Nickname |  |
| University/Year |  |
| Predicted Year of Graduation |  |
| Official Email |  |
| Personal Email |  |
| Phone Number(with Country Code) |  |

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| **Chief Editor of JAMSA\*** |
| Full Name |  |
| Nickname |  |
| University/Year |  |
| Predicted Year of Graduation |  |
| Official Email |  |
| Personal Email |  |
| Phone Number(with Country Code) |  |

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| **Chief Editor of eNewsletter\*** |
| Full Name |  |
| Nickname |  |
| University/Year |  |
| Predicted Year of Graduation |  |
| Official Email |  |
| Personal Email |  |
| Phone Number(with Country Code) |  |

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| **Director of Membership and Development\*** |
| Full Name |  |
| Nickname |  |
| University/Year |  |
| Predicted Year of Graduation |  |
| Official Email |  |
| Personal Email |  |
| Phone Number(with Country Code) |  |

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| **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**

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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 Observer Membership application.

Best regards,

[Signature]

[Name of RC]

AMSA [Name of Member]

[DDMMYYYY], [CITY, COUNTRY]