



Dedicated to the Prevention and Control of Hypertension Globally
World Hypertension League

In official relations with the *International Society of Hypertension* and *World Health Organization*

Membership Guidance & Application Form

Full and Associate Membership in the World Hypertension League (WHL) is open to organizations, societies, and leagues who are aligned with the assessment, prevention and control of hypertension as well as reductions in non-communicable disease. Members comprise the WHL Council and will be required to participate in WHL Council meetings, typically once every two years at the WHL Congress. **Full members** are organized groups whose hypertension activities cover, in principle, a whole country or a number of regions in larger populous countries. Full members have voting rights. **Associate members** are organized groups which, though not covering a whole country, also implement activities to assess, prevent, and control hypertension in populations. Associate members may attend the Council meetings but do not have voting rights. There is an annual membership due of \$300.00 USD per annum though the WHL Executive has the right to waive these dues or accept in-kind services as payment. All members will be provided an opportunity to have input into the WHL work plans and will receive periodic updates on noteworthy WHL activities. Members may provide brief summaries of their hypertension efforts for potential presentation on the WHL website, newsletter, and council meetings. All memberships and their level (full vs. associate) require first time and annual approval of the WHL Executive. **To Apply:** Please provide the requested information in the space provided.

I. Name and Contact information of the organization.

Name of the Organization in English: _____

Name of the Organization in Native Language: _____

Mailing Address: _____

Primary Contact Person & Title: _____

Tel. No.: _____ E-mail address: _____

Website: _____

Does your organization have By-Laws? YES NO

If YES, Please attach YOUR By-Laws to this completed application form

If NO, Please briefly state your organizations Goals or Mission: _____



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II. Please Indicate your organization's primary interests by checking the boxes below.

- | | |
|---|--|
| <input type="checkbox"/> Blood Pressure (BP) Devices | <input type="checkbox"/> Low to Middle Income Populations |
| <input type="checkbox"/> Increased BP Screening | <input type="checkbox"/> Surveys & Evaluation |
| <input type="checkbox"/> Dietary Salt Reduction | <input type="checkbox"/> Fact Sheets & Communications |
| <input type="checkbox"/> Advocacy/Policies/Partnership | <input type="checkbox"/> World Hypertension Day Promotion |
| <input type="checkbox"/> Hypertension therapies | <input type="checkbox"/> Pilot Projects/Knowledge Translation |
| <input type="checkbox"/> Strategic planning for Hypertension prevention & control | <input type="checkbox"/> Sharing Best Practices & Learnings |
| <input type="checkbox"/> Primary Care Models for Hypertension management | <input type="checkbox"/> Developing training sessions for acquisition of clinical skills |
| <input type="checkbox"/> Advocacy for access to medications | <input type="checkbox"/> Developing training sessions for acquisition of research skills |

Other: _____

III. If your organization has a Logo in electronic version that you would like to share for posting on the WHL website and communications, please include along with this completed application.

IV. Please return by E-mail or the completed Application Form plus any attachments to:

Attn. WHL Membership Committee

E-mail: whleague17@gmail.com
