



Global Harmonization Working Party

GHWP Towards Medical Device Harmonization

GHWP Administration Services Limited

APPLICATION FORM FOR MEMBERS

(Please complete in **ENGLISH** and in **BLOCK LETTERS** and put a (✓) in the appropriate box below.)

Type of Membership to apply*:	<input type="checkbox"/> Regulator Member	<input type="checkbox"/> Industry Member	<input type="checkbox"/> Associate Member
Name:	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		
Position:	<input type="checkbox"/> Government Regulatory Authority <input type="checkbox"/> Institution <input type="checkbox"/> Industry		
Organization:			
Address:			
	(State)	(Country/Economy)	
Tel:	(Country Code)	(Area Code)	(Number)
Fax No:	(Country Code)	(Area Code)	(Number)
E-mail:			

1. The Applicant understands and undertakes to comply with the Memorandum and Articles of Association (M&A) of GHWP Administration Services Limited.

2. I declare that the above statements on this form are true and correct.

Signature of the Applicant:

Name of the Applicant: _____

Date: _____

*Notes

- Regulator Members** shall be persons working in the medical device regulatory authorities of governments in the member economies of the Global Harmonization Working Party. There shall be only 1 Regulator Member from each GHWP member economy.
- Industry Members** shall be persons working in the medical device industry or government agencies except medical device regulatory authorities in the member economies of the Global Harmonization Working Party. There shall be only 1 Industry Member from each GHWP member economy.
- Associate Members** shall be persons working in regulatory authorities, agencies, institutions or companies related to medical devices. There shall be up to 100 Associate Members from each economy.
- The GHWP ASL BOD will have the final decision of approval or disapproval of the application.
- The M&A and related information could be found from the GHWP website at <http://www.ghwp.info>.
- Please send the duly signed application form to the GHWP Secretariat at email: secretariat@ghwp.info

- End -