**Application for MEMBERSHIP TO**

**THE COUNCIL of AffiliatED menopause societIES**

INTRODUCTION

The IMS established the Council of Affiliated Menopause Societies (CAMS) to support the delivery of its [Mission and Vision](https://www.imsociety.org/about-us/mission/). CAMS has a membership structure comprised of national and regional menopause societies and has the following objectives:

1. To establish connectivity and partnership working across national and regional menopause societies and with the IMS.
2. To actively engage in the delivery of IMS educational activities, events and World Congress, to support the development of new initiatives, and to encourage membership to the IMS within their country/region.

CRITERIA AND PROCESS FOR MEMBERSHIP

Membership is open to any national or regional menopause society that shares the IMS Vision and is willing to contribute towards its Mission. The society must also agree to abide by the guidelines set out in the CAMS Charter.

Please provide the requested information in the boxes on the right.

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| --- | --- |
| NAME OF SOCIETY |  |
| COUNTRY |  |
| POSTAL ADDRESS  |  |
| EMAIL ADDRESS |  |
| WEBSITE ADDRESS |  |
| CURRENT PRESIDENT |  |
| CURRENT NUMBER OF MEMBERS |  |
| PLEASE PROVIDE DETAILS OF EDUCATIONAL ACTIVITIES DELIVERED BY THE SOCIETY, FOR EXAMPLE: WEBINARS, LEAFLETS ANNUAL MEETINGS, CONFERENCES, ETC.  |  |
| HAS THE SOCIETY BEEN A CAMS MEMBER IN THE PAST? | YES/NO |
| WILL THE SOCIETY AGREE TO WORK IN PARTNERSHIP TO DELIVER THE IMS MISSION AND VISION? | YES/NO |
| DOES THE SOCIETY AGREE TO ABIDE BY THE GUIDELINES SET OUT IN THE CAMS CHARTER? | YES/NO |
| DOES THE SOCIETY AGREE TO RECEIVE EMAIL COMMUNICATIONS FROM THE IMS? | YES/NO |

Name, position and signature of the person completing the application on behalf of the society.

Name:

Position:

Signature:

Date:

*Please return this completed form to the IMS Education and Membership Manager* *claire.bower@imsociety.org*