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:__________________________

________________________________________________________________________________

Daniel T. Lackland, DrPh - World Hypertension League- CEO
E-Mail: whleague17@gmail.com; website: www.whleague.org
The Journal of Clinical of Hypertension is the Official Journal of the World Hypertension League
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II. Please indicate your organization’s primary interests by checking the boxes below.

- Blood Pressure (BP) Devices
- Increased BP Screening
- Dietary Salt Reduction
- Advocacy/Policies/Partnership
- Hypertension therapies
- Strategic planning for Hypertension prevention & control
- Primary Care Models for Hypertension management
- Advocacy for access to medications
- Low to Middle Income Populations
- Surveys & Evaluation
- Fact Sheets & Communications
- World Hypertension Day Promotion
- Pilot Projects/Knowledge Translation
- Sharing Best Practices & Learnings
- Developing training sessions for acquisition of clinical skills
- 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 by mail the completed Application Form plus any attachments to:
Attn. Daniel T. Lackland, DrPH
President – World Hypertension League
E-mail: whleague17@gmail.com

Thank You!
Sincerely,

Daniel T. Lackland, Dr. PHD