



All prospective members of WOAB is required to complete this registration form. Indicate any changes; Membership runs from round the year. **NEW MEMBERSHIP** **RENEWAL** **Changes for directory?**

SECTION 1: MEMBER CONTACT INFORMATION

TITLE	<input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Prof <input type="checkbox"/> Ms		
Name of Individual			
Organization's Name			
Position/ Assignment		Work Phone (If Unique)	
Address 1		Principle Phone	
Address 2		Home Phone	
Town/City		Whatsapp	
Postal Division		Essential Email	
Country:		Auxiliary Email	

*Star the e-mail and phone number you would like listed in the directory

SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

MEMBER TYPE	DESCRIPTION	MEMBERSHIP DUES (Annual)	Please Check
Provisional Accreditation Board	Admission Fee (One Time)	\$300	
Provisional Accreditation Board	Annual Fee (Every Year Would be Charged)	\$	
PER MANDAY RATE OF AUDIT(Separate Quotation Will Be Send)		\$250/ Manday	
Payment mode	<input type="checkbox"/> Online Payment <input type="checkbox"/> Pay Pal <input type="checkbox"/> Western Union <input type="checkbox"/> Others		

Paste a
Passport Size
Photo here

SECTION 3: MEMBER INFORMATION

OCCUPATION /INFORMATION/JOB TITLE:

Member WOAB : Yes No Would you like to receive WOAB /It's Sister Organs membership information? Yes No

Please indicate if you would be willing to **serve on a chapter/committee etc.:**
 Yes Not at this time

Is there any interest specific area/committee you would like to serve on? _____
 (Committees/Positions/WOAB / It's Sister Organs are listed at http://www.worldorganic.us/WOAB_sisterorgans.html)

Permission to use photographic images:
 Photographs of WOAB members may be used in various WOAB communications incl. the newsletter and website. Group photographs taken at WOAB events may be used without identifying individual members. For individual photographs, please indicate your permission for use:
 _____ WOAB /It's Sister Organs have my permission to use and identify photographs of me.
 _____ WOAB /It's Sister Organs does not have permission to use and identify photographs of me.
 _____ WOAB /It's Sister Organs must contact me before using any identified photographs of me in WOAB communications.

All disputes relating to membership, accreditation, services/privileges, issue of Identity Cards, Certificates and etc are governed by Civil Laws and Civil Courts only subject to Mumbai,(India) Jurisdiction.

Declaration: I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We aware that I/We may be held liable for it. I/We hereby authorize sharing of the information furnished on this form with the **WOAB** .

Date: _____ **Signature:** _____

- To pay online:** The Membership Fee in favor of "**WOAB**" or You can Transfer the Amount through Bank directly in A/C NO. 129502000000891, **Bank Name:** Indian Overseas Bank, Mumbai. **SWIFT Code:** IOBAINBB089. **Ifsc Code:**, IOBA 0001295 **Whatsapp. :** +91-8275879725
- Regardless of payment method used, please **form** to info@worldorganic.us. fill your details in and **make sure to send a cop-mail**, which includes, name, address, tel, fax, **ey of your payment transfer receipt**/-mail and cellphone Number. Payment receive-slip **alongwith membership** ed will be updated at **WOAB** after 48 hrs.