



All prospective members of WOABs 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 | Paste a Passport Size Photo here |
|--|---|--------------------------|--------------|----------------------------------|
| Provisional Accreditation Bodies                           | Admission Fee (One Time)  | \$100                    |              |                                  |
| Provisional Accreditation Bodies                           | Annual Fee (Every Year Would be Charged)  | \$                       |              |                                  |
| PER MANDAY RATE OF AUDIT (Separate Quotation Will Be Send) |   | \$50 Manday              |              |                                  |
| Payment mode   | <input type="checkbox"/> Online Payment <input type="checkbox"/> Pay Pal <input type="checkbox"/> Western Union <input type="checkbox"/> Others |                          |              |                                  |

**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/WOABsisterorgans.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. 12950200000891, **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](mailto: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.

