

## RENEWAL FORM CATEGORY WOAB- - Institutions/School/College/University

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 I: MEMBER CONTACT INFORMATION

TITLE	🗆 Dr	□Mr	□ Mrs	🗆 Miss	🗆 Prof	<b>☐ Ms</b>
Name of Individual						
Organization's Name						
Position/ Assignment				Work Phone (If Uniqu	e)	
Address I				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)	\$2250		Paste a
Provisional Accreditation Board	Annual Fee (Every Year Would be Charged)	\$500		Passport Size Photo here
PER MANDAY RATE OF AUDIT(Separate Quotation Will Be Send)		\$100 / Manday		
Payment mode	Online Payment Pay Pal Western Union Others			L

## **SECTION 3: MEMBER INFORMATION**

Member WOAB: Yes 🔲 No 📋 Would you like to receive WOAB /lt's Sister Organs memb	ership information?: Yes 🔲 No 🗖
Name of Registering Authority of your Institutions/School/College/University :	Registered on Dated:
How many registered students in your Institutions/School/College/University :	
What is your main objectives of your Institutions/School/College/University :	
Please indicate if you would be willing to <b>serve on a chapter/committee etc.</b> Yes  Not at this time    Is there any interest specific area/committee you would like to serve on?	
<b>Permission to use photographic images</b> : Photographs of WOAB members may be used in various WOAB commu photographs taken at WOAB events may be used without identifying ind indicate your permission for use: WOAB /lt's Sister Organs have my permission to use and identify	ividual members. For individual photographs, please

\_ 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, WOAB, 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:\_

A/C

To pay online: The Membership Fee in favor of "WOAB" or You can Transfer the Amount through Bank directly in 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, of your payment transfer receipt/-mail and cellphone Number. Payment receive-slip along with
membership will be updated at WOAB after 48 hrs.