



All prospective members of International Accreditation Federation of Accreditation Bodies (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	Paste a Passport Size Photo here
Provisional Accreditation Board	Admission Fee (One Time)	\$1300	<input type="checkbox"/>	
Provisional Accreditation Board	Annual Fee (Every Year Would be Charged)	\$300	<input type="checkbox"/>	
PER MANDAY RATE OF AUDIT (Separate Quotation Will Be Send)		\$50 / Manday	<input type="checkbox"/>	
Payment mode	<input type="checkbox"/> Online Payment <input type="checkbox"/> Pay Pal Western Union Others		<input type="checkbox"/>	

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

Name of Registering Authority of your Training Centre: _____ **Registered on Dated:** _____

How many registered Players/members in your Training Centre: _____

What is your main objectives of your Training Centre: _____

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, 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: _____

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 . 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.