



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**

<b>TITLE</b>	<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

**Details of Educational Qualifications:**

Course Studied	Name of the Course	Major	Month & Year of Passing	Name of the Institution/College/ University	Percentage of Marks/ Class
Hr. Secondary					
Under Graduate					
Post Graduate					
M.Phil					
Ph.D					

(Enclose XEROX copy of UG/PG/Phd Provisional Certificate and list of publication in separate sheet).

**SUCCESSFUL TEACHING EXPERIENCE:**

The teaching requirement (two full years or equivalent) has been met in the following manner:

School/College/University	School/College/University Division	Years of Teaching

**ACCREDITATION SEMINAR** (attach copy of certificate)  (check):

Subject Area:

Date Attended

Day	Month	Year
Day	Month	Year

\*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 Bodies	Individual / Faculty is eligible Membership	\$300	
Provisional Accreditation Bodies	Individual / Faculty is eligible Membership	\$100	
PER MANDAY RATE OF AUDIT(Separate Quotation Will Be Send)	Individual / Faculty is eligible Membership	\$50	
Payment mode	<input type="checkbox"/> Online Payment <input type="checkbox"/> Pay Pal <input type="checkbox"/> Western Union <input type="checkbox"/> Others		

Paste your recent colour photograph

### SECTION 3: MEMBER INFORMATION

<b>OCCUPATION /INFORMATION/JOB TITLE:</b>
Member <b>WOAB</b> : Yes <input type="checkbox"/> No <input type="checkbox"/> Would you like to receive <b>WOAB</b> /It's Sister Organs membership information?: Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>What is your main objectives of your Individual / Faculty :</b>
Please indicate if you would be willing to <b>serve on a chapter/committee etc.:</b> <input type="checkbox"/> Yes <input type="checkbox"/> 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 <a href="http://www.worldorganic.us/WOAB_sisterorgans.html">http://www.worldorganic.us/WOAB_sisterorgans.html</a> )
<b>Permission to use photographic images:</b> 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** .

\_\_\_\_\_  
Name of Teacher/Faculty

\_\_\_\_\_  
Signature

<input type="checkbox"/> <b>To pay online:</b> The Membership Fee in favor of " <b>WOAB</b> " or You can Transfer the Amount through Bank directly in A/C NO. 12950200000891, <b>Bank Name:</b> Indian Overseas Bank, Mumbai. <b>SWIFT Code:</b> IOBAINBB089. <b>Ifsc Code:</b> , IOBA 0001295 <b>Whatsapp. :</b> +91-8275879725  <input type="checkbox"/> Regardless of payment method used, please <b>form</b> to <a href="mailto:info@worldorganic.us">info@worldorganic.us</a> . fill your details in and <b>make sure to send a cop-mail</b> , which includes, name, address, tel, fax, <b>of your payment transfer receipt/-mail</b> and cellphone Number. Payment receive-slip along with membership will be updated at <b>WOAB</b> after 48 hrs.
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