



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

**SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS**

MEMBER TYPE	DESCRIPTION	MEMBERSHIP DUES (Annual)	Please Check	Paste a Passport Size Photo here
Provisional Accreditation Board	WOAB NGO's is eligible Membership	\$300	<input type="checkbox"/>	
Provisional Accreditation Board	WOAB NGO's is eligible Membership	\$100	<input type="checkbox"/>	
PER MANDAY RATE OF AUDIT (Separate Quotation Will Be Send)	WOAB NGO's is eligible Membership	\$40	<input type="checkbox"/>	
Payment mode	<input type="checkbox"/> Online Payment <input type="checkbox"/> Pay Pal <input type="checkbox"/> Western Union <input type="checkbox"/> Others		<input type="checkbox"/>	

**SECTION 3: MEMBER INFORMATION**

<b>OCCUPATION /INFORMATION/JOB TITLE:</b>
<b>Member WOAB:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Would you like to receive WOAB/It's Sister Organs membership information? : <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Name of Registering Authority of your WOAB NGO's :</b> _____ <b>Registered on Dated:</b> _____
<b>How many registered members in your WOAB NGO's :</b> _____
<b>What is your main objectives of your WOAB NGO's :</b> _____
Please indicate if you would be willing to <b>serve on a chapter/committee etc.:</b> Yes <input type="checkbox"/> Not at this time <input type="checkbox"/>
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, accreditation, services/privileges, issue of Identity Cards, Certificates and etc are governed by Civil Laws and Civil Courts only subject to Lucknow, (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 International WOAB Committee-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, **of your payment transfer receipt** /-mail and cellphone Number. Payment receive-**slip along with membership** will be updated at **WOAB** after 48 hrs