



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
Provisional WOAB	Admission Fee (One Time)	\$750	
Provisional WOAB	Annual Fee (Every Year Would be Charged)	\$1,250	
PER MANDAY RATE OF AUDIT(Separate Quotation Will Be Send)		\$250/ Manday	
Payment mode	<input type="checkbox"/> Online Payment <input type="checkbox"/> Pay Pal <input type="checkbox"/> Western Union <input type="checkbox"/> Others		

Paste a Passport Size Photo here

SECTION 3: MEMBER INFORMATION

OCCUPATION /INFORMATION/JOB TITLE:	
Member WOAB: Yes <input type="checkbox"/> No <input type="checkbox"/> Would you like to receive WOAB /It's Sister Organs membership information?: Yes <input type="checkbox"/> No <input type="checkbox"/>	
EDUCATION & PROFESSIONAL BACKGROUND :	
Education Received :	
Occupation :	Years in Profession:
WOAB BACKGROUND :	
Total Years of Study:	Member of Club/Dojo:
Following System(s) :	
Current Education and Issuing Organization(s):	
Declaration :	(National Organization Name)
WOAB RELATED CERTIFICATES :	

Applies for membership to the WOAB and submit this application form.

With this application we recognizes WOAB objectives and as the sole governing WOAB organization representative in our country hereby certify that the information contained in this application is true and accurate to the best of my knowledge. All disputes relating to membership, accreditation, services/privileges, issue of Identity Cards, Certificates 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 favour of **"WOAB"** or You can Transfer the Amount through Bank directly in A/C 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 be send at info@WOAB.US . fill your details in and **make sure to send a copy of your** -mail, which includes, name, address, tel, fax, **epayment transfer receipt**/-mail and Whatsapp Number. Payment received **e-slip** **alongwith membership** will be updated at WOAB after 48 hrs.