

INTERNATIONAL WOMEN'S ASSOCIATION GEORGIA



IWAG



IWAG VOLUNTARY MEMBERSHIP APPLICATION FORM 2019-2020

Please return the completed form along with membership donation (120gel) to the membership chair.

Be aware that there may be a waiting list for new Georgian members.

New Membership

Renewal(fill only part A)

A

1. Name

2. Surname

3. E-mail

4. Phone Numbers: Mobile/Work/ Home

5. Address

6. Nationality or Nationalities.

7. Facebook address(If you'd like to be added to IWAG FB page)

8. Date of birth(day/month/year)

Languages spoken

B

9. Name(s) of your Reference(s)

11. Your profession

12. Name of your company or organization

13. Name of the company or organization of your spouse/partner

14. Names and ages of children living with you

*** Please read the information about IWAG Facebook page and web page in the booklet.**

With my signature, I confirm to have read and to accept the IWA Georgia Charter and Constitution

Signature of Applicant(dd/mm/yyyy)

Signature of Membership (dd/mm/yyyy)