



INTERNATIONAL WOMEN'S ASSOCIATION GEORGIA
(IWAG)



IWAG MEMBERSHIP APPLICATION FORM 2020-2021

Please return the completed form along with membership donation (150 GEL) to the membership chair.

Please note that there may be a waiting list for new Georgian members.

New membership

Renewal (only fill in part A)

A

1. Name	2. Surname
<input type="text"/>	<input type="text"/>
3. E-mail	4. Phone numbers (mobile/home/work):
<input type="text"/>	<input type="text"/>
5. Address	6. Nationality or Nationalities
<input type="text"/>	<input type="text"/>
7. Facebook Address (if you'd like to be added to the IWAG FB group)	8. Date of birth (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>
9. Languages spoken	
<input type="text"/>	

B

10. Name(s) of your reference(s)
<input type="text"/>
11. Your profession
<input type="text"/>
12. Name of your company or organization
<input type="text"/>
13. Name of the company or organization of your spouse/partner
<input type="text"/>
14. Names and ages of children living with you
<input type="text"/>
15. Interests/Hobbies
<input type="text"/>

I agree that my telephone number can be shared among IWA members

 YES NO

I agree that my e-mail address can be shared among IWA members

 YES NO

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)