



MEMBERSHIP APPLICATION

Please complete this form then return it, along with the appropriate membership donation as shown below, to the Membership Chair.

● Full Membership: 300 GEL ● Associate membership: 150 GEL

Part A - To be completed by ALL APPLICANTS

Please tick the appropriate box to indicate whether you are a new applicant or a renewing member :

NEW APPLICANT

RENEWING MEMBER

First Name *(Required)*:

Second Name *(Required)*:

WhatsApp Phone Number *(Required)*:

E-mail Address *(Required)*:

Part B - To be completed by NEW APPLICANTS only

Nationality / Nationalities *(Required)*:

Name(s) of Referee(s) *(Required)*:

Facebook Address *(Optional)*:

Date of Birth *(Optional)*:

Languages Spoken *(Optional)*:

Part C - Optional but appreciated!

When organizing events and carrying out our work throughout the year, it is often useful to draw on the contacts and/or skills of our membership group.

If you, or anyone in your household, works in or have any contacts at any international organizations or embassies, please provide details:

If you, or anyone in your household, have experience of event planning, fundraising, marketing, graphic design, IT or any other skills that you think may be useful, please provide details:

Part D - Declaration to be completed by ALL APPLICANTS

With my signature I confirm to have read and accepted the IWA Georgia Constitution. I also agree that, when necessary, strictly for the purposes of IWA Georgia activities only, my email address and/or phone number can be shared with other IWA Georgia members.

Signature of Applicant :

Signature of Membership Chair :