



## MEMBERSHIP APPLICATION FORM 2024/25

Please return the completed form, along with the membership donation, to the Membership Chair.

Full membership: 300 GEL, Associate membership, 200 GEL.

Please circle below to indicate the type of application and membership level desired:

Type: NEW APPLICATION / RENEWAL

Level: FULL / ASSOCIATE

### Part A - Required to be completed by all applicants

Name as in passport

Surname as in passport

|  |  |
|--|--|
|  |  |
|--|--|

Nationality or Nationalities

Passport / ID Number

|  |  |
|--|--|
|  |  |
|--|--|

Official / Registered Address

|  |
|--|
|  |
|--|

E-mail

|  |
|--|
|  |
|--|

### Part B - Only for new membership applications ( \* indicates required fields)

Name(s) of Your Referee(s)\*

Phone number for WhatsApp

|  |  |
|--|--|
|  |  |
|--|--|

Facebook Address

Date of Birth

|  |  |
|--|--|
|  |  |
|--|--|

Languages Spoken

|  |
|--|
|  |
|--|

### 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:

---

### Declaration - Required

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: