



MEMBERSHIP APPLICATION FORM 2025/26

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

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Nationality or Nationalities

Passport / ID Number

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Official / Registered Address

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E-mail

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

Name(s) of Your Referee(s)*

Phone number for WhatsApp

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Facebook Address

Date of Birth

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Languages Spoken

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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. blf 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: