

Application for Membership in WG-USA

Before completing this form, please be sure your degree, diploma, certificate or other qualification meets WG-USA's eligibility requirements.

Miss ___ Mrs ___ Ms ___ Dr ___

First name: _____

Last name: _____

Your name as printed on degree (ie. maiden,married):

Address

Street: _____

City: _____

State: _____ Zip: _____

Telephone: _____ Cell: _____

E-mail: _____

Professional Information

Profession: _____

Present Occupation: _____

You have my permission to contact me by e-mail with membership renewal and membership meeting information stipulated in the WG-USA bylaws: ___ Yes ___ No

Degrees(s) held:

Names of Granting Institution: _____

Degree held: _____

Names of Granting Institution: _____

Degree held: _____

Names of Granting Institution: _____

Degree held: _____

Special Field(s) of Study:

Interests and Talents:

Languages Spoken (besides English): _____

Languages written (besides English): _____

International Connections or Memberships:

How did you learn about WG-USA? _____

Declaration: I declare that I hold the degree(s) stated. I subscribe to the purposes of WG-USA as set out on this form and will pay the annual membership dues of \$50.

Signed: _____ Date: _____