



## Application form for membership of GWI- NL

### Instructions

- Please complete this form, scan and send it to [info@zwi-nl.org](mailto:info@zwi-nl.org) or by post to GWI-NL Attn Treasurer, Park Weldam 4a, 3871BN Hoevelaken,
- (\*) denotes a required field.
- Upon receipt of the form by GWI-NL and paying your membership fee you will receive a confirmation of your membership as soon as possible.

### Personal and contact details

Title\* Dr., Mr., Drs or other formal qualification titles

(tick and/or supplement which applies)

First name*		Prefix*	
Initials*		Surname*	
Street*		House Number	
Postcode*		City*	
Telephone home		Mobile Phone	
Telephone work		E-mailaddress*	

### Education

1st Degree		2 <sup>o</sup> Degree	
Year of Graduation		Year of Graduation	
Awarding Institution*		Awarding Institution	
Year of Post-graduate degree			
Field of Post-graduation			
Subject of Post-graduation			
Awarding Institution*			

Labor market sector you are working in	
Current Occupation	

Interest or expertise for activity and/or function at GWI-NL	
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I give permission to disclose the above information within the association through the internal member's directory. Your contribution is important for network among ourselves.

Yes No (please tick as appropriate)

I am obliged, according to the rules laid down in the Articles of Association of GWI-NL to pay the annual fee by transferring the relevant amount into the account of GWI-NL.

The account number is NL 48 INGB 0007 2598 00 in the name of Graduate Women International Netherlands "GWI-NL".

I declare that I have completed this form truthfully. I declare that I have obtained the degree. I agree with the objective of GWI-NL and will pay the fee of € 35,- minimal for the year 2016.

Signature

Date

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