



WFO Change of Society Application

Fellow | Academic

I am applying for a change of society to the following membership category: WFO fellow WFO academic member

contact

First Name _____ Middle Name _____ Last Name _____

Date of Birth _____ Country of Citizenship _____ Gender: Male Female

You must complete the information below (MAIN OFFICE/TEACHING FACILITY or HOME) for contact purposes.

MAIN OFFICE/SCHOOL/TEACHING FACILITY effective date: _____

CURRENT RESIDENCE

Address _____

Address _____

City _____

City _____

State/Province _____

State/Province _____

ZIP/Postal Code _____ Country _____

ZIP/Postal Code _____

Phone _____

Country _____

Fax _____

Land-line Phone _____

Email _____

Mobile Phone _____

Website: http:// _____

Personal Email _____

I prefer to receive mail at this address Office Home
I prefer to receive email at this email address Work Personal

degree

(please spell out full name of school clearly) _____

Name of Institution _____

Any New Degree Achieved _____ Date of Completion _____

Major Area of Emphasis _____

payment

WFO FEES: Credit Card** Check Money Order Cash (onsite only)

WFO fees are billed on the anniversary date of your original acceptance as a WFO member. If you wish to renew your membership at this time, please select one of the options below.

Amounts listed below are valid through May 31, 2018 unless otherwise noted.

WFO Fellow & Academic applicants: 5-Year Fellowship **\$230** (U.S.) 3-Year Fellowship **\$150** (U.S.) 1-Year Fellowship **\$120** (U.S.)

** If paying by Credit Card please complete the following information:

Visa Mastercard American Express ACCT # _____ Exp. Date _____

Name on Card _____ Card Security (V) Code _____

WFO LAPEL BADGE/PIN: (optional) Please add a one-time **\$25** to my payment to purchase a WFO Lapel Badge/Pin

member profile

Once you have received the confirmation email with membership approval, please visit the WFO website at <https://www.wfo.org/membership/pay-my-dues/update-my-information/> and login to add your clinical techniques (if you are in clinical practice) and confirm your membership information.

