



## WGO 2017 Member Society Information and Update Form

**Society Name:** \_\_\_\_\_  
**Society Number:** \_\_\_\_\_

Necessary action on the following would be greatly appreciated. Please fill in the fields below with the most current data. Thank you for your time and attention in this matter!

*Please complete this form by 19 May 2017. Returning this form is necessary for the WGO Executive Secretariat to proceed with processing your 2017 membership dues.*

*If you have any questions, comments, or concerns, please reach out to [membership@worldgastroenterology.org](mailto:membership@worldgastroenterology.org). We look forward to receiving your updated form!*

**Society E-mail:** \_\_\_\_\_

**Society Address:** \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

Country: \_\_\_\_\_

**Current Number of Society Members:** \_\_\_\_\_

**Publication(s):** \_\_\_\_\_  
(Journals/magazines published by your Society)

**Society Website:** \_\_\_\_\_

**Society Facebook Page:** \_\_\_\_\_

**Society Twitter Handle:** \_\_\_\_\_

**Society Instagram:** \_\_\_\_\_

**Other Society Social Media Account(s):** \_\_\_\_\_

**Date Your Society Was Established:** \_\_\_\_\_  
(Day/Month/Year):

**Upcoming Annual Organizational Meetings:**

Start Date (Day/Month/Year): \_\_\_\_\_

End Date (Day/Month/Year): \_\_\_\_\_

Location: \_\_\_\_\_

**Do you want this event listed on  
WGO's online Conference Calendar?**

Yes or  No

If so, please provide the following information:

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

Additional organizer(s): \_\_\_\_\_

For WGO use only, name of event contact: \_\_\_\_\_

For WGO use only, e-mail address of event contact: \_\_\_\_\_

**Upcoming Organizational Anniversaries/Milestones:**

(Example: Celebrating 50 Years in 2017)

**OFFICER INFORMATION**

Length (in years) of terms served by officers: \_\_\_\_\_

**Month and Year of Next 3 Board Elections:**

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Month: \_\_\_\_\_ Year: \_\_\_\_\_

**PERMANENT SECRETARIAT:**

Title: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Credentials: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**PRESIDENT:**

Title: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Credentials: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**SECRETARY GENERAL:**

Title: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Credentials: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_