



## WGO 2019 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 18 May 2019. Returning this form is necessary for the WGO Executive Secretariat to proceed with processing your 2019 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**  
**(this is required for us to issue an invoice):** \_\_\_\_\_

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

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

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

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

**Society LinkedIn Page:** \_\_\_\_\_

**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 2019)

**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: \_\_\_\_\_