|  |  |
| --- | --- |
| **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 15 May 2021. Returning this form is necessary for the WGO Executive Secretariat to proceed with processing your 2021 membership dues.* *If you have any questions, comments, or concerns, please reach out to* *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?** If so, please provide the following information: | [ ]  Yes or [ ]  No |
| 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 2021) |  |

**OFFICER INFORMATION**

|  |  |
| --- | --- |
| **Length (in years) of terms served by officers**: |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Month:** |  | **Year:** |  |
| **Month:** |  | **Year:** |  |
| **Month:** |  | **Year:** |  |

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| **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: |  |

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| --- |
| **SECRETARY GENERAL:** |
| Title:  |  |
| First Name: |  |
| Middle Name: |  |
| Last Name: |  |
| Credentials: |   |
| Address: |  |
|  |  |
|  |  |
| City: |  |
| State/Province: |  |
| ZIP Code: |  |
| Country: |  |
| Phone: |  |
| Fax: |  |
| E-mail: |  |

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| --- |
| **DEMOGRAPHIC INFORMATION (if possible to provide):** |
| How many of your members are Male:  |  |
| How many of your members are Female: |  |
| How many of your members are in the following age categories: |  |
| Age 29 and under:: |  |
| Between ages 30-40: |   |
| Between ages 41-50: |  |
| Between ages 51-60: |  |
| Ages 61+: |  |