|  |  |
| --- | --- |
| **Society Name:** |  |
| **Society Number:** |  |

*Please complete this form by 1 November 2023. Returning this form is necessary for the WGO Executive Secretariat to proceed with processing your 2023 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:** |  |
| **Upcoming Annual Organizational Meetings:** |  |
| Start Date and End Dates: |  |
| Location: |  |
| **Do you want this event listed on**  **WGO’s online Conference Calendar?**  If so, please provide the following information: | Yes or  No |
| City / Country: |  |
| Phone: |  |
| E-mail: |  |
| Website: |  |
|  |  |
| **Upcoming Organizational Anniversaries/Milestones:** |  |
| (Example: Celebrating 50 Years in 2023) |  |

**OFFICER INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **PERMANENT SECRETARIAT:** | | | |
| Title: | | |  |
| First Name: | | |  |
| Middle Name: | | |  |
| Last Name: | | |  |
| Credentials: | | |  |
| Address: | | |  |
|  | | |  |
|  | | |  |
| City / Country: | | |  |
| Phone: | | |  |
| E-mail: | | |  |
| **PRESIDENT:** |  | | |
| Title: |  | | |
| First Name: |  | | |
| Middle Name: |  | | |
| Last Name: |  | | |
| Credentials: |  | | |
| Address: |  | | |
|  |  | | |
|  |  | | |
| City / County: |  | | |
| Phone: |  | | |
| E-mail: |  | | |
| **SECRETARY GENERAL:** | | | |
| Title: | |  | |
| First Name: | |  | |
| Middle Name: | |  | |
| Last Name: | |  | |
| Credentials: | |  | |
| Address: | |  | |
|  | |  | |
| City / Country: | |  | |
| Phone: | |  | |
| E-mail: | |  | |