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

*Please complete this form by 1 June 2024. Returning this form is necessary for the WGO Executive Secretariat to proceed with processing your 2024 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: |  |
| 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 / X Handle:** |  |
|  |  |
| **Society LinkedIn Page:** |  |
| **Society Instagram:** |  |
|  |  |
| **Other Society Social Media Account(s):** |  |
|  |  |
| **Date Your Society Was Established:**  |  |
| **Upcoming Annual Organizational Meeting:** |  |
| 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 and Country: |  |
| E-mail: |  |
| Website: |  |
|  |  |
| **Upcoming Organizational Anniversaries/Milestones:** |  |
| (Example: Celebrating 50 Years in 2024) |  |

**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: |  |
| E-mail: |  |
| **SECRETARY GENERAL:** |
| Title:  |  |
| First Name: |  |
| Middle Name: |  |
| Last Name: |  |
| Credentials: |   |
| E-mail: |  |