



WGO 2020 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 31 July 2020. Returning this form is necessary for the WGO Executive Secretariat to proceed with processing your 2020 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?**

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 2020)

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: _____