



WASLI is committed to the development of the profession of sign language interpreting worldwide

Section 1: Your Details

Name of your Organisation:	
Full postal address:	
COUNTRY	
Telephone Number: (Including country and area codes) Fax Number: Text Phone Number/TTY/Minicom: Mobile/SMS/Cell phone:	
Email Address:	
Website Address:	
What is the name of the individual contact for your Organisation?	
Title:	

Email Address:	
What email address would you like WASLI to send information to?	

Section 2: How to calculate your membership fee

Refer to Appendix B and enter the GDP of your country in the box	
Refer to Appendix A SPONSORING MEMBERS – ORGANISATIONS and enter the amount that corresponds to GPD as entered above. This amount is the Annual Membership Fee payable for the coming year.	

(The WASLI Secretary will check that your application is correct and then send details to the WASLI Treasurer who will send you details on how to make payment.)

Section 3: International Co-operation

Does your organisation have any links with any interpreting
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**and/or Deaf/Deafblind organisations outside your country?
Please provide details.**

**What expertise are you able to share with other WASLI
members? Please provide details.**

ASSISTANCE

WASLI appreciates that (1) some applicants for WASLI membership will experience difficulty and need assistance on the one hand and (2) that there will be other applicants who will want and be able to assist others with their applications.

The WASLI Secretary will keep 2 lists. The first list will be of ALL applicants seeking assistance. The second list will be of ALL applicants willing to assist.

If you need assistance with you application please complete SECTION 4.

Section 4: Do you need assistance with paying?

Please provide details of how much assistance you need?	
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If you wish to assist others with their applications then please complete SECTION 5.

Section 5: Can you provide assistance?	
Please provide details of what assistance you can make?	

If you have completed either Section 4 or Section 5, the WASLI Secretary will contact you shortly and respond to your request.

Section 6: Declaration

We declare that the information provided in this application is true and correct. As a SPONSORING MEMBER – ORGANISATION, we support the aims and objectives of WASLI and agree to abide by the conditions of WASLI Sponsoring Membership.

Signed:

Date:

CHECKLIST

Please now check that you have:

Signed and dated the form

Please now post this form to the WASLI Secretary PO Box 56216, London N4 2UD, UNITED KINGDOM or email to the Membership Secretary at membership@wasli.org

The WASLI Executive Board will now process your application. Once your application has been approved the WASLI Membership Secretary will send you instructions on paying your membership fee. You should receive notification within 4 weeks from the date your application is received.