



PROVISIONAL MEMBER APPLICATION FORM



WASLI Membership

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WASLI is committed to the advancement of sign language interpreting world wide

Section 1: INFORMATION ABOUT YOU

Your name:	
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:	

Section 2: How to calculate your membership fee	
Refer to Appendix B and enter the GDP of your country in the box	
Enter the number of interpreters, from your PLAN, working together to establish a national association	
Refer to Appendix A and enter the fee that corresponds to your GDP and number of members This is your WASLI Membership 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 country have any links with any interpreting and/or Deaf/Deafblind organisations outside your country? Please provide details.	

<p>What expertise are you able to share with other WASLI members? Please provide details.</p>	
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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 your application please complete SECTION 4.

Section 4: Do you need assistance with paying?

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

Section 5: Can you provide assistance?

<p>Please provide details of what assistance you can make?</p>	
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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

I declare that the information provided in this application is true and correct. I attach a PLAN which shows the timetable for establishing a national association in my country. I also attach a letter of support from the National Deaf Association of our country. I understand that WASLI will decide on this application and that their decision is final. In the event that my application is approved then I agree to abide by the conditions of WASLI National Membership.

Signed:

Date:

CHECKLIST

Please now check that you have:

Completed the form PLAN to establish a national association

Letter of support from the National Deaf Association

Answered all the questions

Signed and dated the form

Please now post this form to:

WASLI Secretary
 PO Box 56216,
 London N4 2UD,
 UNITED KINGDOM or
 Email to the Secretary at secretary@wasli.org

The WASLI Executive Board will now process your application. Once your application has been approved the WASLI Treasurer will send you instructions on paying your membership fee. You should receive notification within 8 weeks from the date your application is received.