



57 Laurel St,
Worcester, Ma. 01605
(508) 752-4377

www.isgw.us

Membership Form

***Mandatory fields**

1. *Membership type:

Family Single Student

2. *Personal Information: Mr. Mrs. Miss. Ms. Dr.

***Sex:** M F

***Name:** _____

***Address:** _____

Telephone: _____

Mobile: _____

Email: _____

Optional:

Date of Birth: _____ Education: _____

Country of Origin: _____ Occupation: _____

3. *Family Information:

3.1 *Spouse: Mr. Mrs. Miss. Ms. Dr.

***Sex:** M F

***Name:** _____

***Address (if different):** _____

Telephone: _____

Mobile: _____

Email: _____

Optional:

Date of Birth: _____ Education: _____

Country of Origin: _____ Occupation: _____

3.2 Children

*Name	*Sex	*Date of Birth
_____	M <input type="checkbox"/> F <input type="checkbox"/>	_____
_____	M <input type="checkbox"/> F <input type="checkbox"/>	_____
_____	M <input type="checkbox"/> F <input type="checkbox"/>	_____
_____	M <input type="checkbox"/> F <input type="checkbox"/>	_____

4.0 *Membership fee:

***Do you have direct withdrawal setup with ISGW?** Yes No

***If Yes, check one of the following:**

I would like my direct withdrawal to be counted as my membership due.

I would like to pay the membership fee separately.

Signature: _____ Date: _____

- Note:
- Annual membership fee is **\$100-Family, \$50-Single and \$25-Student**
 - Membership automatically allows you the right to vote provided you fulfill other conditions of the constitution of ISGW.

For Official Use only

Membership number: _____

Membership Expiry: _____