



INTERNATIONAL WOMEN'S GROUP IN WARSAW
Membership Application 2018/2019

FAMILY NAME _____

FIRST NAME _____

NATIONALITY _____

DISTRICT OF WARSAW _____

EMAIL ADDRESS _____

HOME PHONE _____ MOBILE PHONE _____

FACEBOOK NAME _____

DO YOU SPEAK ANY OTHER LANGUAGE(S): _____

WOULD YOU LIKE TO ATTEND A NEWCOMER ORIENTATION MEETING? YES / NO

The IWG is run by volunteers. We need your support! Please fill in as appropriate.

I may be interested in:

_____ Leading an interest group or class in _____

_____ Helping to organize an event or monthly meeting

_____ Being a member of the Board

Please note the following:

I grant permission for the processing of personal data solely for IWG's internal use, including the publication and distribution to IWG members of a membership directory, in accordance with the Personal Data Protection Law of August 29, 1997 (Dz. U. No. 133 item 883). IWG will make no commercial use of any personal data. Information contained in this directory and all other information in the IWG web page is for the purpose of facilitating communication among IWG members. I agree to not use the information for any type of marketing, direct mailing, commercial solicitations, promotions, chain mail, spamming, or the promotion of political agendas. I agree to accept all liability and waive any claims on behalf of myself, family and guests against IWG or their agents for damage or harm occurring during an IWG event.

SIGNATURE: _____ DATE _____

(The right to deny membership is reserved by the organization, whereupon prepaid dues will be refunded. Once membership is approved, dues are not refundable or transferable)