



Application for Transfer to WEF Life Membership

Name: _____

Address: _____

Phone: _____ Email: _____

Date of Birth: _____ WEF Membership #: _____

Year and Member Association First Joined:

Year: _____ Member Association: _____

I certify that I have been a dues-paying Active Member, PWO Member, or a representative of a Corporate or Associate Member in one or more Member Associations, for combined total of 35 consecutive years.

Signature: _____ Date: _____

Where would you like your certificate to be shipped to?

Home Office Receive at Annual MA Meeting. (Please provide the address)

Please mail, fax, or email this for to:

WEF Association Services
601 Wythe Street
Alexandria, VA 22314

csc@wef.org

Fax: 703-535-5260