



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: _____

Please mail, fax, or email this form to:

WEF Association Services
ATTN: Kim Carter
601 Wythe Street
Alexandria, VA 22314
KCarter@wef.org
Phone: (703) 684-2493
Fax: (703) 684-2492