

Application for Transfer to WEF Life Membership

Name:		
Address:		
Phone:	Email:	
Date of Birth:	WEF Membership #:	
Year and Member As	ssociation First Joined:	
Year:	Member Association:	
representative of a C	een a dues-paying Active Member, PWO Member, or a Corporate or Associate Member in one or more Member objusted total of 35 consecutive years.	r
Signature:	Nate:	

Please mail, fax, or email this form to:

WEF Association Services ATTN: Nick Bardis 601 Wythe Street Alexandria, VA 22314

nbardis@wef.org

Phone: (703) 684-2400 x7731 Fax: (703) 684-2481