



THE WEST AFRICAN LINGUISTIC SOCIETY (WALS)

MEMBERSHIP APPLICATION FORM

Please complete this form in uppercase characters.

1. TITLE (Required):-----

2. NAME (Required):-----

3. CURRENT APPOINTMENT (Required):-----

4. AFFILIATION: (Required)-----

5. ADDRESS: (Required) -----

6. NATIONALITY:-----

7. EMAIL: (Required)----- TELEPHONE-----

8. RESEARCH INTEREST: -----

9. MEMBERSHIP DUES \$20 PER YEAR (Indicate the with a tick the number of years paid for:

One year

Six years

Two years

Eight ears

Four years

Ten Years

10. Brief Biography

11. YEAR OF APPLICATION:-----

12. SPONSOR I: NAME:-----

AFFILIATION:-----

MEMBERSHIP NUMBER: -----

CURRENT STATUS: (Active/Dormant) -----

LAST TWO **WALC** ATTENDED:-----

SIGNATURE AND DATE: -----

13. SPONSOR II: NAME:-----

AFFILIATION:-----

MEMBERSHIP NUMBER: -----

CURRENT STATUS: (Active/Dormant) -----

LAST TWO **WALC** ATTENDED:-----

SIGNATURE AND DATE: -----

14. SIGNATURE AND DATE OF APPLICANT:-----

FOR OFFICIAL USE ONLY

MEMBERSHIP APPLICATION IS APPROVED:-----

MEMBERSHIP APPLICATION IS REJECTED: -----

SIGNATURE AND DATE OF SECRETARY-TREASURER: -----