



THE WEST AFRICAN LINGUISTIC SOCIETY (WALS)

RENEWAL OF 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. DATE MEMBER PAID DUES LAST:-----
9. ARREARS OF MEMBERSHIP DUES TO BE PAID:-----
- 10. FOR OFFICIAL USE ONLY.**
11. MEMBERSHIP APPLICATION REACTIVATED:-----
12. REACTIVATION OF MEMBERSHIP APPLICATION IS REJECTED: -----
13. SIGNATURE AND DATE OF SECREATRY-TREASURER: -----