

## **Application Form**

for the membership of The World Organization for Music and Arts Education

First Name:	Family Name:	
Title (Dr., Prof., etc.):	Nationality:	
Gender:	Birth Date (day/month/year):	
Postal Address:		
Country:		
Email:		
Telephone:		
Fax(or social media contact):		
Currently Working		
Organization (University,		
Company etc.):		
Currently Occupation:		

It is much appreciated if you can also provide:

- Your Curriculum Vitae;
- Your Photos;
- Your Passport Copy;

Please send the complete filled form to: info@womae.org