**WORLD ACADEMY OF PRODUCTIVITY SCIENCE (WAPS)**

**MEBERSHIP APPLICATION FORM (Student)**

Please fill out this WAPS Membership Application Form and email it to [secretariat@waps.info](mailto:secretariat@waps.info). The Academy will review your application and respond to you within 10 business days.

Should your application be approved, we will advise you in due course and will provide you with membership fee payment details. Once payment is completed and confirmed, you are considered a WAPS Student Member and will enjoy the benefits of the membership (as listed on [www.waps.info](http://www.waps.info), which may be updated regularly), as well as help us further the good course of productivity movement.

Attendance of two or more WAPS events during the prevailing membership period is a prerequisite for Student Membership renewal.

|  |  |  |
| --- | --- | --- |
| 1 | Name (first/FAMILY) |  |
| 2 | Title (Mr., Mrs., Ms., etc.) |  |
| 3 | Address | |
| School |  |
| Home |  |
| 4 | Email Address | |
| School |  |
| Personal |  |
| 5 | Phone Number (with country code) | |
| School |  |
| Mobile |  |
| 6 | School | College  Institution  University |
| Name |  |
| Current Course / Program of Study |  |
| Program Year (example, 3/4 signifies year 3 in a 4-year program) |  |
| Academic Degree to Attain |  |
| Expected Graduation (year) |  |
| 7 | Previous Qualifications and Work Experience |  |
| 8 | Date of Birth (DD-MM-YEAR) |  |
| 9 | Nationality |  |
| 10 | Areas of Interest |  |
| 11 | Involvement in Productivity |  |
| 12 | Existing Student Membership Number, if applicable (for renewal) |  |

Signed:   
Date:

***Official Use Only (approval process)***Approve:  Yes  No

Period covered (annual membership): \_\_\_\_\_\_\_\_\_\_   
Membership Number: \_\_\_\_\_\_\_\_\_\_