

INTEREST FORM

WTS Chapter Formation Interest Form



Advancing women
Advancing transportation

Chapter Formation Interest Form

Please complete and submit this form so we can assist you in forming a new WTS chapter. You do not need to be a WTS member to submit this form. For more information about chapter formation, please send your inquiry to: arai@wtsinternational.org

Section 1: Contact Information

Name of the inquirer:

Title:

Male / Female:

Are you currently a WTS member? Yes No

Mailing address:

Company, school, or employer name:

Role, position, or title:

Email address:

Primary phone:

Mobile phone:

Section 2: Chapter Type

Please indicate the WTS chapter type you would like to form and include a brief description of the activities/goals of the chapter. Professional Chapter Student Chapter

Please describe:

Section 3: Chapter Formation Proposal

The following information will help WTS International understand the local environment and how to best help you proceed with chapter formation. It is ok to leave the answer blank if you do not know the information.

Location the proposed chapter will serve (use specific geographical terms:
(Country, state, city, province or for student chapters, school or institution name)

Number of WTS members in this location (It is not necessary to have WTS members in the location before submitting this form, but can help to determine local interest):

List any legal, ethical, or cultural considerations that may impact chapter formation or continuing operations that WTS should be aware of:

What are the requirements for incorporating a not-for-profit organization in your area?

In your country, can a group register as a chapter of a foreign entity? Yes No

Is volunteerism a cultural norm in your area? Yes No

What is the primary or official language spoken in your area?

Please submit the completed form to: **April Rai** 1501 M St NW
Deputy Director Suite 240
WTS International Washington, DC, 20005
arai@wtsinternational.org