

ITALIAN AMERICAN WOMEN OF IOWA

Tax ID 81-1233108



Application For Membership

Information and Consent



New Member **Returning Member**

Name

First

Maiden

Last

Address

City

Zip

Phone

Email

Birthday

Anniversary &
Spouse Name

PLEASE MARK ONE OF THE FOLLOWING

1. 18 years of age or older of Italian descent
2. Married to a person of Italian descent
3. Non-Italian descent with Italian children but are not married to an Italian
4. Social Members of non-Italian descent who support our beliefs and want to promote our Italian American Traditions. ****Can not hold an office****
5. Allow my contact information to be used in the directory?

Prorated dues for New Members Only:

75 or better, it is free to join IAWI!

<u>Under 65</u>	<u>Over 65-74</u>	<u>Paid in</u>	
\$25.00	\$15.00	Jan/Feb/Mar	
\$20.00	\$12.00	Apr/May/June	
\$15.00	\$10.00	July/Aug/Sept	
\$10.00	\$ 7.00	Oct	
\$25.00	\$15.00	Nov/Dec	<i>*pays for the next year</i>

Emergency Contact -

Name & Phone: _____

Membership Referral: _____

Make Checks Payable to: IAWI

Mail to: IAWI-Membership

PO Box 21116

DesMoines, IA 50321

Membership Chair Only

- Paid Dues**
- Membership Card**
- Medallion**
- Entered in Data Base**