

ITALIAN AMERICAN WOMEN OF IOWA

Tax ID 81-1233108

APPLICATION FOR MEMBERSHIP

2025

****PLEASE PRINT****

NAME: _____
(First) (Last) (Maiden)

ADDRESS: _____
(Number) (Street) (City, State, Zip+4)

PHONE: _____ () H or () C EMAIL: _____

BIRTHDAY: _____ NOTIFICATIONS: () Email () Phone
(Month/Date/Year)

HUSBAND NAME: _____ ANNIVERSARY DATE: _____
(If Applicable) (Month/Date/Year)

*See us on Facebook: IAWI, Email: IAWofIowa@gmail.com Website: ItalianAmericanWomenofIowa.com

PLEASE MARK ONE:

- () 18 years of age or older of Italian descent
() Married to a man of Italian descent
() Non-Italian descent who have Italian children but are not married to an Italian
() Social Members of non-Italian descent who support our beliefs and want to promote our Italian American Traditions. ****Cannot hold an office****

If you're 75 or better, it's free to join IAWI!

Prorated dues for New Members Only:

<u>(under 65)</u>	<u>(over 65)</u>	<u>(Paid in)</u>
\$25.00	\$15.00	Jan/Feb/Mar
\$20.00	\$ 12.00	Apr/May/Jun
\$15.00	\$ 10.00	Jul/Aug/Sep
\$10.00	\$ 7.00	Oct
\$25.00	\$15.00	Nov/Dec <i>*pays for the next year*</i>

Make Checks Payable to: IAWI

Mail to: IAWI-Membership
PO Box 21116
Des Moines, IA 50321

Member(s) Referral: _____

Membership Chair Only**

- ☐ Paid Dues
- ☐ Membership card
- ☐ Medallion
- ☐ Entered in Data Base

Can your contact info be
used our directory for our
Members? (circle answer)

YES or NO

