

# ITALIAN AMERICAN WOMEN OF IOWA

Tax ID 81-1233108

## APPLICATION FOR MEMBERSHIP

2023

**\*\*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: [IAWofIA@yahoo.com](mailto:IAWofIA@yahoo.com), Website: [ItalianAmericanwomenof iowa.com](http://ItalianAmericanwomenof iowa.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\*\***

### **Regular Dues \$25.00 for under 65 & \$15.00 for 65 & older**

#### **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
- Name Tag
- Entered in Data Base
- Sent name to Pat

