

ITALIAN AMERICAN WOMEN OF IOWA

Tax ID 81-1233108

APPLICATION FOR MEMBERSHIP

2024

****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: www.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**:

(under 65) (over 65) (Paid in)

\$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 **pays for the next year**

Make Checks Payable to: IAWI Mail
to: IAWI-Membership

PO Box 21116 \$25.00

Des Moines, IA 50321

Member(s) Referral: _____

