



IOWA WELSH SOCIETY
CYMDEITHAS WELSH IOWA
Membership form for 20 _____

Annual membership is \$15 for individual or family
Membership runs from January 1 to December 31st

NAME(s) _____

ADDRESS _____

Street or PO Box

City

State

Zip Code

PHONE _____

EMAIL _____

For electronic delivery of newsletter, meeting updates/cancellation notices

New member _____ Renewal _____

Welsh origins: _____

Dues payable to: **Iowa Welsh Society**

Please mail this form and your check to:

Sharon Rees

2801 Hwy 6 E Lot 350

Iowa City, Iowa 52240

Check # _____ Cash _____ Amount Paid _____ Date Received _____