INDO-AMERICAN SENIOR HERITAGE

A 501 (c)(3) Non-profit Organization. All donations are tax-deductible.

1115 S Westridge Ave, Gendora, CA 91740

www.iashla.org

MEMBERSHIP APPLICATION

Full Name (Print) _____

Street Address _____ **City** _____

State _____ **Zip Code** _____ **Email (Print)** _____

Spouse Full Name (Print)_____

Phone ( ) _____-_____ Cell Phone ( ) _____-_____

I am interested in volunteering my services to IASH: YES ____ NO ____

With Signature(s) below, I / We agree with all the terms and conditions stated below and any others as approved by IASH.

I / We agree to indemnify IASH against all claims, causes of actions, damages, costs or expenses, medical emergencies including death and / or attorney fees and other litigation costs which may arise from my / our use of the facilities, or participation in any IASH events, tours, and travel.

Signature _____ **Date (mm/dd/yyyy)** _____

Signature _____ **Date (mm/dd/yyyy)** _____

Please mark ANY ONE as applicable:

NOTE:Annual / Yearly membership is good ONLY from January 1st to December 31st for the Calendar year of the application. It must be renewed on or before EXPIRATION DATE. New application form must be promptly submitted to IASH.

Annual / Yearly Membership $50 _____ (Husband and Wife) For One / Single Person - $30 _____

Life Membership $250 _____ (Husband and Wife) For One / Single Person - $150 _____

Donor Membership $1,000 _____ (Husband and Wife)

Amount Paid: $ _____ ***Please make Check payable to: IASH***

Paid by: CASH ____ CHECK ____Check Number _____ Date _____

For IASH Officer / Person collecting this formFor Treasurer IASH Membership No._____

Officer / Person Name _____ Bank Deposit Date_____

Event _____ By Mail _____ Amount $_____ CASH___ Chk No._____

Receipt No._____ Mail Date _____

(IASH Form 08/22/2025)