

INDO-AMERICAN SENIOR HERITAGE

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

P.O. Box 532 Artesia, CA 90702



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 volunt	eering my services to IASH: YI	ES NO			
With Signature(s) below, I/	We agree with all the terms and co	onditions stated belo	w and any oth	ers as approved by IASH.	
	l against all claims, causes of actions, c ation costs which may arise from my /				
Signature		Date (mm/dd/yyyy)			
Signature		Date (mm/dd/yyyy)			
Please mark ANY ON	NE as applicable:				
	bership is good ONLY from Janual ore EXPIRATION DATE. New appl				
Annual / Yearly Members	ship \$50 (Husband and	Wife) For One /	Single Perso	on - \$30	
Life Membership \$250 _	(Husband and Wife)	For One / Si	ngle Person	- \$150	
Donor Membership \$1,00	00 (Husband and Wife)				
Amount Paid: \$	Please make C	heck payable	to: IASF	ł	
Paid by: CASH CH	ECKCheck Number	Date			
For IASH Officer / Po	erson collecting this form	For Treasurer IA	SH Member	ship No	
Officer / Person Name	icer / Person Name Bank Deposit Date				
Event	By Mail	Amount \$	CASH_	Chk No	
Descint No.	Mail Data				

(IASH Form 03/22/19)