



# INDIAN AMERICAN CULTURAL ASSOCIATION OF WESTCHESTER

P.O. Box 358, Dobbs Ferry, NY 10522  
Non-profit Organization  
(Tax Exempt Number 13-3670624)



## IACAW Membership Application/ Renewal Form

I wish to:  Renew  Become a New Member of IACAW for the \_\_\_\_\_ Calendar Year

Name of Member: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ Home

\_\_\_\_\_ Work

\_\_\_\_\_ Fax

\_\_\_\_\_ Email: \_\_\_\_\_

Children: Name and Age: \_\_\_\_\_ Name and Age: \_\_\_\_\_

Name and Age: \_\_\_\_\_ Name and Age: \_\_\_\_\_

Parents: Name and Age: \_\_\_\_\_ Name and Age: \_\_\_\_\_

Name and Age: \_\_\_\_\_ Name and Age: \_\_\_\_\_

I am enclosing a check/ cash for the Membership Dues as follows:

### **Life Membership Fees of \$500 or Annual (Full) Membership Fees of \$50**

*Pay Before July 1st to be an eligible voter for the fall election*

We authorize IACAW to publish in the Membership Directory:

name  family Information  address  phone number  Email

For volunteering opportunities/suggestions/ideas please drop us a note at:  
[iacawsocial@gmail.com](mailto:iacawsocial@gmail.com)

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**We understand that this form is the property of IACAW and must be transferred to the subsequent Executive Committee**

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fees Received:	By Check # _____	Cash _____	Receipt # _____	Book # _____
Eligible to vote for fall election	Yes	No		
Electronic records updated by:	_____			Date: _____