



INDIAN AMERICAN CULTURAL ASSOCIATION OF WESTCHESTER

P.O. Box 358, Dobbs Ferry, New York 10522

A Not-for-Profit Organization (Tax Exempt Number 13-3670624)

_____ ICAW MEMBERSHIP APPLICATION / RENEWAL FORM _____

I wish to: Renew Become a New Member of ICAW for the ____ Calendar Year.

Name of Member: _____ Occupation: _____

Name of Spouse: _____ Occupation: _____

Address: _____ Telephone: _____ Home

_____ Work

_____ Fax

_____ Email: _____

Children: Name & Age: _____ Name & Age: _____

Name & Age: _____ Name & Age: _____

Parents: Name & Age: _____ Name & Age: _____

Name & Age: _____ Name & Age: _____

I am enclosing a check / cash for the membership dues as follows:

Life Membership Fees of \$500. Annual (Full) Membership Fees of \$50.

Pay before July 31st to be an eligible voter for the fall election.

We authorize ICAW to publish in the Membership Directory:

name family information address phone number email

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

Your Views and Ideas:

The Executive Committee welcomes your suggestions for the association's programs and other activities:

If you are available for volunteering:

Please contact the president or describe your area of interest or expertise below.

Member's Signature: _____ Date: _____

OFFICIAL USE ONLY

Fees Received: By Check #: _____ Cash: _____ Receipt #: _____ Book #: _____

Eligible to vote for fall election: YES NO

Electronic records updated by: _____ Date: _____