



## 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)

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 & 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 IACAW to publish in the Membership Directory:

name  family information  address  phone number  email

**We understand that this form is the property of IACAW 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: \_\_\_\_\_