



MEMBERSHIP APPLICATION
MEMBERSHIP FORM FOR YEAR 2010 (JAN - DEC)

Please complete the information below:

FAMILY(LAST) NAME: _____ FIRST NAME: _____

SPOUSE'S NAME: _____

HOME ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE PREFERED: () _____ ALTERNATE PHONE: () _____

EMAIL: 1. _____ 2. _____

CHILDREN'S NAMES:

1 _____ 2 _____

3 _____ 4 _____

MEMBERSHIP TYPE (please check one):

\$500 – PATRON

\$200 – LIFE MEMBER

\$25 – ANNUAL MEMBER

\$5 – STUDENT MEMBER (Must be 18 years or older)

Method of Payment:

Make check payable to: **India Association of Phoenix.**

Check # _____

Cash

Mailing Address:

India Association of Phoenix, P.O. Box 60121, Phoenix, AZ 85082 -0121

You can also pay online using PayPal at our website iaphx.org.

Thank You.

Received by IA officer Name: _____ Date: _____