



ASSOCIATION OF INTERNATIONAL WOMEN, INC.

www.aiwindy.org

Membership Application

 **General Information** (Please type or print clearly)

Last Name _____ First Name _____

Street _____ City/State/Zip _____

Telephone: Home _____ Cell _____

E-mail address _____

 **Personal Information**

Country or state of origin _____

Other countries in which you have lived _____

Languages that you speak _____

Your spouse's name (if applicable) _____ Spouse's nationality _____

Names and years of birth of children *living at home* (optional) _____

 **Membership/Dues Information**

Please check the category of membership and enclose dues with form:

AIW membership year runs from September 1 through August 31 of the following year.


- Active:** Active members (living in Indiana) are entitled to vote at meetings and are eligible for election to the Board of Directors. **Dues are \$50 per membership year. Reduced dues of \$37.50 for new members joining between February 1st and August 1st of the following year.**
- Out-of-state:** Out-of-state members (living out of the state of Indiana) have all rights of active members, except that they cannot vote or hold office. **Dues are \$25 per membership year.**
- Student:** Student memberships, for full-time students or unemployed spouses of full-time students. **Dues are \$25 per membership year.**
- Organizational:** Organizational members (any corporation or organizational body) have all rights of active members, except that they cannot vote or hold office. **Dues are \$50 per membership year. Reduced dues of \$37.50 for new members joining between February 1st and August 1st of the following year.**

Name of Organization _____

I agree to have the information above included in the AIW directory.

I understand that the information provided for the AIW directory is for distribution to current members only and is not for commercial use.

I accept liability for personal loss or injury at any AIW function I might attend.


 **E-mail:** Please check one of the following boxes. Do you wish to receive

- all general-interest emails (not related to specific AIW business or event/function)
- only those emails related to specific AIW business, event/function

(Signature)

(Date)

Please make your check payable to:
Association of International Women, Inc.

 Mail to: **Association of International Women, Inc.**
PO Box 40145, Indianapolis, IN 46240-0145