

INTERNATIONAL WOMEN INDIANA

aiwindy.org

Membership Registration Form

Complete this form and mail with check to address provided, or register and pay online: <https://aiwindy.wildapricot.org>

General Information (please print clearly)

Last name _____ First name _____

Street _____ City/State/Zip _____

Cell _____ Home _____

Email _____

Personal Information

Year of birth (for demographic use only, will not be published) _____

Country or state of origin _____

Other countries in which you have lived _____

Languages you speak _____

Partner's name (if applicable) _____ Partner's country of origin _____

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

How did you find out about IWI? _____

MEMBERSHIP/DUES INFORMATION: Please check the membership category and enclose dues with **signed** form:

Type of membership	Eligibility and entitlements	Dues per membership year Sept 1 to Aug 31
<input type="checkbox"/> Active member (living in Indiana)	Entitled to vote at meetings and eligible for election to the Board of Directors	\$50 (full year) OR \$25 (if joining after Feb 1st)
<input type="checkbox"/> Out-of-state member (living out of Indiana)	Entitled to all rights of active members, except they cannot vote or hold office.	\$25
<input type="checkbox"/> Student member	For full-time students or unemployed spouses of full-time students. Entitled to all the rights of active members except they cannot vote or hold office.	\$25
<input type="checkbox"/> Organizational member	For a corporation or organizational body. One Designated Representative will have all rights of active members, except they cannot vote or hold office.	\$50 (full year) OR \$25 (if joining after Feb 1st)

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

I accept personal liability for any and all personal loss or injury which might occur at any IWI function I might attend, wherever located. Additionally, I agree to hold IWI harmless for any such injury or personal loss that might occur.

I understand my picture or likeness may be used for internal IWI communications and on the official IWI website (without identifying information) unless I submit a written request to the President, refusing permission for the same.

Signature

Date

Write check to: **International Women Indiana**

Mail to: **International Women Indiana PO Box 40145, Indianapolis IN 46240-0145**

Revised 01/2018