



ASSOCIATION OF INTERNATIONAL WOMEN, INC.

www.aiwindy.org

Membership Registration Form

General Information *(Please type or print clearly)*

Last Name _____ First Name _____

Street _____ City/State/Zip _____

Telephone: Home _____ Cell _____

E-mail address _____

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Year of birth (for demographic use only, will not be published) _____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

Your partner's name (if applicable) _____ Partner's nationality _____

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

How did you find out about AIW? _____

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

Type of Membership	Eligibility & 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 that 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 that 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 that they cannot vote or hold office.	\$50 (Full year) OR \$25 (if joining after Feb 1st)

I understand that the information provided for the 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 AIW Function I might attend, wherever located. Additionally, I agree to hold AIW harmless for any such injury or personal loss that might occur.

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

(Signature)

(Date)

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