



# INDIAN ASSOCIATION OF GREATER ATHENS

Not for Profit Organization

[iagathens@gmail.com](mailto:iagathens@gmail.com)

## MEMBERSHIP APPLICATION / RENEWAL FORM

DATE OF APPLICATION: \_\_\_/\_\_\_/\_\_\_\_\_

Payment Type: CHECK/ CREDIT CARD / CASH (Please circle)

<input type="checkbox"/>	<b>NEW MEMBERSHIP APPLICATION</b>	<input type="checkbox"/>	<b>EXISTING MEMBERSHIP RENEWAL</b>
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	Annual Membership for 2019	\$ 50	Donation: \$50 / \$100 / \$250 / \$500 / \$1000
	Life Membership	\$250	** Total Amount Paid: \$

### MEMBERS DETAILS / PERSONAL INFORMATION

Last Name:		Middle Name Or Initial.	
First Name:		Profession:	
Spouse Name:		Profession:	

Address:			
City:	State:	Zip:	
Ph. (Home)	Ph. (Work)	Your Cell Phone #	
Spouse's Cell Phone #	Additional Cell Phone #		
Primary Email	Additional Email		

### CHILDREN: (Only unmarried children and under the age of 21 years who are living with parents qualify otherwise apply separately)

Name:	Age:	Education:
Name:	Age:	Education:
Name:	Age:	Education:
Name:	Age:	Education:

### DEPENDENT PARENTS: (Only if living with applicant otherwise apply separately)

Name:	Age:
Name:	Age:

I understand that only once approved by the current IAGA – EC, will anyone be eligible to become a member of IAGA and that this Membership is not transferable.

\_\_\_\_\_  
APPLICANT / MEMBER SIGNATURE

\_\_\_\_\_  
IAGA COMMITTEE MEMBER APPROVAL

\_\_\_\_\_  
DATE OF APPROVAL

\_\_\_\_\_  
CHECK #, DATE & AMOUNT (If applicable)

\_\_\_\_\_  
IF APPROVED, MEMBERSHIP # ISSUED

*Thank you for your interest in pursuing IAGA membership.*