



**Iranian American Society Inc.**

## **Membership Application**

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

\$50.00 Membership Fee Payable to IAS Inc.

Please check one of the following:

I wish to be contacted by email or phone for meetings.

Please inform me of the society's activities.