



**INTERNATIONAL WOMEN INDIANA**  
**IndianalWI.org**

New Member Registration Form

Complete this form and mail with check to address provided, or register and pay online: <https://IndianalWI.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Year of birth (for demographic use only, will not be published) \_\_\_\_\_  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) \$25 (if joining between Feb 1 <sup>st</sup> and May 31 <sup>st</sup> )
<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) \$25 (if joining between Feb 1 <sup>st</sup> and May 31 <sup>st</sup> )

**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