



INTERNATIONAL WOMEN INDIANA
IndianaIWI.org

New Member Registration Form

Complete this form and mail with check to address provided, or register and pay online: <https://IndianaIWI.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Year of birth (for demographic use only, will not be published) _____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	\$65 (full year) \$35 (if joining between Feb 1 st - June 1 st)
<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.	\$35
<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.	\$35
<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.	\$65 (full year) \$35 (if joining after Feb 1 st)

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**