



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Year of birth (for demographic use only, will not be published) _____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	(Normally \$50 full year) \$15 discount for 2020/21. Pay \$35
<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.	(Normally \$25), \$10 discount for 2020/21. Pay \$15
<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.	(Normally \$25), \$10 discount for 2020/21. Pay \$15
<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.	(Normally \$50 full year) \$15 discount for 2020/21. Pay \$35

I understand the information provided for the IWI directory is for limited distribution to current members only and is not intended for commercial use.

I accept personal liability for any and all personal loss or injury which might occur at any IWI function, event or gathering at any location that I might attend, and agree that my participation is a result of my own choosing at my own risk.

I agree to hold IWI and its agents harmless for any injury, claim(s), damages, cause(s) of action and/or personal loss that might occur, including that which may be in relation to illnesses such as Severe Acute Respiratory Syndrome Coronavirus 2 ("SARS-CoV-2") or coronavirus disease ("COVID-19").

I grant IWI permission to use my likeness in a photograph, video, or other digital media ("Imagery") in any and all of its publications, including web-based publications, without payment or other consideration, and to edit, alter, copy, exhibit, publish, or distribute these photos; I may revoke this grant by submitting a written request to the President.

Signature

Date

Write check to: **International Women Indiana**

Mail to: **International Women Indiana, PO Box 40145, Indianapolis IN 46240-0145**

Revised 07/15//2020