



India Society of Worcester

Membership Application / Renewal

Valid for 365 days from application / renewal day

Required fields are marked with an "*". Please PRINT.

SELF

First Name* (Mr / Mrs / Ms)		Last Name *	
Street Address*			Apt
City*	State	Zip*	
Home Phone	Unlisted Phone (for ISW Official Use only)		
Profession	Company Name		
Email	Work Phone		

SPOUSE

First Name (Mr / Mrs / Ms)	Last Name
Profession	Company Name
Email	Work Phone

DEPENDENTS

Name (Specify Last Name if different)	Sex (M/F)	Birth Year	High School / University	Email

MEMBERSHIP DUES

<input type="checkbox"/> Annual Membership <input type="checkbox"/> Family/Single \$25 <input type="checkbox"/> Student \$10 X ___ years = \$ _____ <input type="checkbox"/> Life Membership \$500	Date Payment : <input type="checkbox"/> Cash <input type="checkbox"/> Check
<p>Please make check payable to India Society of Worcester & mail to: ISW, PO Box 945, Worcester, MA 01613 Membership is valid for 365 days from day of application / renewal. For membership information and ISW's privacy policy please visit iswonline.org or call the President.</p>	