**ITALIAN AMERICAN WOMEN’S ASSOCIATION (IAWA)**

**APPLICATION FOR MEMBERSHIP**

**Annual dues are $25.**

**Make check payable to the *Italian American Women’s Association.***

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Maiden (if applicable)

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If it is not evident in your name, please identify your Italian heritage.

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Birthday (Month & Day only) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant must be 18 years of age or older, a female of Italian descent, or married to someone of Italian descent.

Are you Italian by heritage or married to someone of Italian descent? Please indicate. Italian by heritage \_\_\_\_ Married to someone of Italian descent \_\_\_\_ Both \_\_\_\_

Members are encouraged to serve on at least one committee after installation into the IAWA. Please consider how you would like to become involved in the organization. We are always willing to help!

Members are installed at our monthly meetings.

**PLEASE RETURN APPLICATION AND $25 TO:**

KATHI LIEB, Vice-President IAWA

4412 Magnolia Drive

Erie, PA 16504

tomskat54@aol.com

Submitted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved by Board \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President or VP Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Installed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_