



INDO AMERICAN FORUM OF FORT BEND
4820 TECHNIPLEX DRIVE
STAFFORD, TX 77477
IAF@IndoAmericanForum.org

MEMBERSHIP FORM

NAME: _____

ADDRESS: _____

WORK TEL: _____ HOME: _____ CELL: _____

OCCUPATION: _____ EMAIL: _____

SPOUSE'S NAME AND OCCUPATION: _____

NAMES OF CHILDREN UNDER 21 YEARS: 1. _____

2. _____ 3. _____

NAMES OF CHILDREN OVER 21 YRS: 1. _____

2. _____ 3. _____

NAMES OF PARENTS LIVING WITH YOU _____

TYPE OF MEMBERSHIP: (Check One)

LIFE (\$250.00)

FAMILY (\$50.00)

INDIVIDUAL (\$25.00)

SR. CITIZEN (Free)

AFFILIATE (Free)

HONORARY (Free)

AREA OF INTEREST FOR VOLUNTEERING: _____

FOR OFFICE USE ONLY:

NEW MEMBERSHIP NO: _____

DUES PAID: \$ _____ CHECK NO. _____ DATE: _____