



Iranian American Society Inc.

Membership Application

Date: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Cell Phone: _____

Email Address: _____

\$50.00 Membership Fee Payable to IAS Inc.

Please check one of the following:

I wish to be contacted by email or phone for meetings.

Please inform me of the society's activities.