

India Association of Maine
P.O. Box 1507
Scarborough, Maine 04070
<http://www.iamaine.org>

Membership Application Form

(FIRST NAME)

(LAST NAME)

Wish to become member of India Association of Maine.

Membership Type:

Annual – Family Individual for the year 2014

Membership Fees:

Individual	Family
\$5	\$10

Amount Enclosed \$ _____ Payment by: Check Cash Check Details: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

Applicant's Signature _____ Date: _____

I would you like to volunteer at IAM functions

IAM representatives can contact me via email

Please mail the completed form with a check payable to India Association of Maine to the address above.

To be filled by IAM:

Date Received: _____ by: _____