The Club of Indian Women, Illinois, US - Affiliation Form

First Name:_____ Last Name: _____

Mailing Address:_____

City & Zip Code:_____

Cell Phone Number_____

E-Mail:_____

Interests:_____

Would you like to volunteer for CIW activities? _____

_____

One Time Joining Fee_____ $ 25.00 _____

CIW Lifetime Patron_____ $ 250.00 _____

Please complete this form and send its pdf copy to

clubofindianwomen25@gmail.com

Please send payment, one-time joining fee OR Patron fee,

via Zelle to

clubofindianwomen25@gmail.com

Please note that information about CIW activities, including meetings and events, is sent via email.

Additional _____
comments:_____

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