



APPLICATION FORM

IAC MEMBERSHIP

Membership Term is valid from Jan. 1st to Dec. 31st
IAC, PO Box 25591, Winston Salem; NC 27114

Online Membership: WWW.INDIANAC.ORG

NEW (Please Fill out All Applicable Fields)

RENEW (Only Fill Name and Any Updated Information)

Primary Name _____

Spouse Name _____

Child 1 Name _____ Age _____

Child 2 Name _____ Age _____

Child 3 Name _____ Age _____

Additional Family Member _____

Additional Family Member _____

Mailing Address _____

City _____ State _____ ZIP Code _____

E-mail _____ @ _____

Home Phone _____ Cell Phone _____

Method of Payment Cash Check Or Money Order, Amount \$ _____

PLEASE SELECT MEMBERSHIP TYPE

LIFE MEMBERSHIP (2+UNMARRIED KIDS) **\$700.00**

FAMILY MEMBERSHIP(2+UNMARRIED KIDS) **\$70.00**

ADDITIONAL EACH MEMBER **\$10.00**

\$10 PER FAMILY MEMBERSHIP, \$50 PER LIFETIME MEMBERSHIP

STUDENT MEMBER **\$20.00**

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