

IASJ MEMBERSHIP APPLICATION FORM
 PO BOX 78064, STOCKTON, CA 95267

Application For:

_____ Family Member (\$35/yr) _____ Single (\$25/yr) _____ Honorary (No Fee)

Primary Member's Name:

 (Head of the Family) First Middle Last

Spouse's Name:

Current Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Alternative Phone: _____

E-Mail Address: _____

Occupation: Your's _____ Spouse's: _____

Interest/Hobbies: Your's: _____ Spouse's _____

Other Family Members LIVING with you (Use extra sheet if needed)

Full Name	Age	Married (Y/N)	Relation to Primary member	Profession

I hereby apply for the membership of the Indian Association of San Joaquin (IASJ) and pledge to abide by all the Articles of Incorporation and by-laws of the IASJ, also known as the Indian Association. Neither the Indian Association or its board members including trustees nor the facilities rented by the Indian Association is liable for any kind of personal and/or property damages to me or any of my family members or (invited or uninvited) guests.

I certify that the information supplied above is correct and complete to the best of my knowledge. I also authorize the Indian Association to release and publish the above family member information in any future Indian Association Publication(s).

Invited By: _____

I can help with: _____

 Applicant's Signature

 Spouse's Signature

Please mail the completed form to the above IASJ address or give it to any Board Member

For Association Use Only No: _____ Amount \$: _____ Date: _____

Cash/Check No: _____ Approval By IASJ Officer _____