

Membership Application



Member Information:			IADLA Use Only Member No.:		
<input type="checkbox"/> Mr.	Last Name:	First Name:	Middle Name		
<input type="checkbox"/> Miss.					
<input type="checkbox"/> Mrs.					
Mailing Address (Street):					
City:		State:		Zip Code:	
Home Phone:		Work Phone:		Cell Phone:	
E-mail Address:		Occupation:			
As an IADLA member, you can also elect to actively participate in one or more IADLA Committees. If interested, please mark the appropriate area(s) of interest:					
<input type="checkbox"/> Membership		<input type="checkbox"/> Voter Registration			
<input type="checkbox"/> Fund Raising		<input type="checkbox"/> Public Relations/Outreach			
<input type="checkbox"/> Nominating		<input type="checkbox"/> Legislative/Campaign Support			
<input type="checkbox"/> Finance		<input type="checkbox"/> Cultural			
Type of Membership Requested:					
<input type="checkbox"/> Individual\$20		<input type="checkbox"/> Student \$20			
<input type="checkbox"/> Senior Citizen (65 & older).....\$20		<input type="checkbox"/> Associate (Non-Citizen)..... \$20			
<input type="checkbox"/> Add Spouse\$20					
<input type="checkbox"/> Additional Member's Contribution or Individual's Donation					
() \$100		() \$250		() \$500	
				() \$1,000	
				() Other \$ _____	
Total Membership Fee(s) + Donation = \$ _____					
Member's Spouse Information (if spouse membership is requested):					
Last Name:		First Name:		Middle Name	
Occupation:			E-mail Address:		
Method of Payment:					
<input type="checkbox"/> Check (Please make check payable to IADLA)		Check No.: _____			
<input type="checkbox"/> Cash (Please do not mail cash)					
Member's Signature				Date:	

Mail this form together with your payment to:

Iranian American Democrats of Los Angeles
P.O.Box 3351
Santa Monica, CA 90408

For inquiries please contact us at: www.iadla.com, iad_la@yahoo.com or Phone: (310) 535-5800

Revised: September 2006