



Friends Of India Association of Quad Cities

Membership Registration Form

Primary Email : _____@_____.com
Secondary Email : _____@_____.com
Home Phone : _____ Cell Phone : _____
Address : _____
City, State, Zip: _____

Family Members	First Name	Last Name	Gender (M/F)	Language	Relation
Primary					
Spouse					
Dependent 1					
Dependent 2					
Dependent 3					
Dependent 4					
Dependent 5					

Membership Type:	\$50 (Family)
	\$25 (Individual)

Check No: _____ Total Amount Enclosed = _____
Please mail or Email this form along with a check payable to "FIAQC" to below address or email address: