



2017 MEMBERSHIP FORM

The Icelandic Association of Washington D.C., Inc.

Web: www.icelanddc.com Email: icelanddc@hotmail.com

Facebook: www.facebook.com/IAofWDC

Family Membership: \$35 ____

Individual Membership: \$25 ____

New Member ____ Renewal ____

(Membership year runs from January to December)

MEMBERS' NAMES (and ages of members **if under 21**):

MAILING ADDRESS: STREET: _____
CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: (_____) _____

EMAIL(S): List all addresses you would like notices sent to.

Note that we send almost all of our correspondence by email, so please ensure your email addresses are correct.

Payment can be made via:

____ **PayPal:** Log on to icelanddc.com, click the "Membership" tab, and proceed to pay via PayPal, and email this form to icelanddc@hotmail.com.

____ **Check:** Mail check and this form to IAWDC, PO Box 1616, Woodbridge, VA 22195.

____ **Credit Card:** Fill out the following and mail this form to IAWDC, PO Box 1616, Woodbridge, VA 22195.

Credit Card No.: _____ Expiration Date: _____

Billing Zip Code: _____ Signature: _____

Please check all the areas that you might be willing to help if your schedule permits:

- | | |
|---|---|
| <input type="checkbox"/> Þorablót (February) | <input type="checkbox"/> Christmas Bazaar (November) |
| <input type="checkbox"/> 17 June Independence Day Celebration | <input type="checkbox"/> Jólabbill – Christmas Family Party |
| <input type="checkbox"/> Picnic (September) | <input type="checkbox"/> Baking for events |
| <input type="checkbox"/> Other: _____ | |