



Asian Indians for Community Service, Inc.

A I C S

Membership Form

Name

Address.....

.....

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Email

Contact Tel (Home) (Cell)

Profession

Member of other Non Profit Organizations and in what capacity

.....

.....

Please list the languages you speak (including Indian languages)

.....

.....

Signature

Referred by

Membership approved by (Name)

Signature of Approver Date

Paid Membership Fee \$25.00 for two years by Check # Cash or go to

www.aicscare.org → Contact → Click Donate and pay with Credit Card

Email: aicscare@aicscare.org Website: www.aicscare.org