

# *Iranian-American Cultural Society of Maryland*

I.A.C.S. P.O. Box 9844 , Towson, MD 21284-9844    [www.iacs-md.org](http://www.iacs-md.org)  
[info@iacs-md.org](mailto:info@iacs-md.org)

## **Iranian-American Cultural Society of Maryland**

*Your membership dues and contributions will be used to support IACS cultural activities.*

I accept your invitation in the Iranian-American Cultural Society of Maryland with annual dues as checked.

Ms. \_\_, Mrs. \_\_, Mr. \_\_ Dr. \_\_ (Please Print) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Office \_\_\_\_\_ E-mail \_\_\_\_\_

Family Membership \$96.00 , Single Membership \$48.00 , Student Membership \$24.00

I wish to contribute \$ \_\_\_\_\_ for one of the following activities: Cultural Activities \_\_\_\_\_ Farsi School \_\_\_\_\_ Building Fund \_\_\_\_\_

**Please make checks payable to the Iranian-American Cultural Society and send your check to  
I.A.C.S. P.O. Box 9844 , Towson, MD 21284-9844**

Note: Dues and contributions are recognized by the Internal Revenue Service as a tax deduction for income tax purposes

## **Iranian-American Cultural Society of Maryland**

I also would like to be presented in the Yellow Page of the Society as ( A Family Registration is Required):

Ms. \_\_, Mrs. \_\_, Mr. \_\_ Dr. \_\_ (Please Print) \_\_\_\_\_

The name of the company, business, clinic \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax Number \_\_\_\_\_ E-mail \_\_\_\_\_

I will provide the following service or discount to the IACS members who present their membership cards

\_\_\_\_\_

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