

**International W.A.Y.**  
International Women's Association of Yakima

**Membership Application**

Please Print or Write Clearly

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email: \_\_\_\_\_

Country of birth \_\_\_\_\_

Country you represent \_\_\_\_\_

How long have you lived in the United States? \_\_\_\_\_

Languages you speak \_\_\_\_\_

Membership Fees:           \$30.00 First Year   \$20.00 Renewals

Return this application with your check, made payable to I-WAY to:

International Women's Association of Yakima, 221 Lookout Point Drive, Selah, WA 98942

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