



**INDO – AMERICAN SENIORS’ ORGANIZATION OF NEW JERSEY(IASONJ)**  
**665, Lincoln Highway (Route 27), Iselin, NJ 08830**  
**PH. (732) 283 -1709/ (732) 283/ -8666 FAX. 1 888-853-6970**  
**Email:iasonj@yahoo.com/Website: www.iasonj.org**

**APPLICATION FOR MEMBERSHIP**

Full Name \_\_\_\_\_

Address \_\_\_\_\_ CITY \_\_\_\_\_

COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Date of Birth (mm/dd/yy) \_\_\_\_\_ Email address: \_\_\_\_\_

Name of Spouse \_\_\_\_\_

Date of Birth (mm/dd/yy) \_\_\_\_\_ Email address: \_\_\_\_\_

Telephone. No ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell. No ( ) \_\_\_\_\_ - \_\_\_\_\_

Occupation/Retired \_\_\_\_\_ Education \_\_\_\_\_

I am Citizen  Green Card

I drive  I do not drive

Insurance -Medicare-

Medicaid -

Others

I am interested in volunteering my services to IASONJ. YES  NO

**Emergency contact:**

|   | NAME | CONTACT NUMBER | EMAIL ADDRESS |
|---|------|----------------|---------------|
| 1 |      |                |               |
| 2 |      |                |               |

We are Issuing Identity Cards to our IASONJ members. Please send passport size photographs of both (Husband / Wife) along with the form and self addressed envelope with stamped.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Check payable to IASONJ**

Age 60 years up Life Membership Fee. \$100.00 (for Husband & Wife) & (Single Person) \$ 60.

Age 60 years below Life Membership Fee \$200.00 (for Husband & Wife) & (Single Person) \$120. (Associate member)

Note: (Associate members having no voting right till reaching 60 years.)

Paid by - Cash  Check  No. \_\_\_\_\_ Date: \_\_\_\_\_

I agree to indemnify and defend IASONJ against all claims, causes of action, damages, judgments, costs or expenses, medical emergency including death and/or attorney fees and other litigation costs which may arise from my use of the facilities or taking any tour or travel.

For office use only:

Receipt No \_\_\_\_\_ Membership Number \_\_\_\_\_