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MEMBERSHIP APPLICATION

Name:				
Date of birth:		Phone:		
Current address:				
City:		State:		ZIP Code:
طريقة دفع رسوم الاشتراك Fees Payment method:				
Check:		Cash:		Credit Card:
I Authorize automatic withdraw from my Credit Card every month? Yes: _____ No: _____				
\$25	\$50	\$75	\$100	Other _____
Amount: \$		Check Number:		
Visa: _____ Master Card: _____ AMEX: _____ Discover: _____				
Card Number: _____ - _____ - _____ - _____ Exp. Date: ____/____				
Security Code: _____ (3 digits or 4 digits Number) – IAHIC WILL DESTROY THE CODE INFO AFTER PAYMENT				
Signature:			Date:	

You may pay your Fees by Zelle to this Email: iahiccenter@gmail.com

Our Address: 4727 E 5th St, Tucson, Az 85711

Phone: (520) 302-1325