

The Icelandic Association of Washington, D.C., Inc

MEMBERSHIP FORM

Annual membership fee includes the newsletter and a membership list.

Please check which type of membership you are paying for:

Membership is \$30

NAME: _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE NUMBER: _() _____

E-MAIL: _____

Please mail a check along with this form to:

Icelandic Association of Washington DC

ATTN: Hafdis Bortle (Treasurer)

www.icelandDC.com