



MEMBERSHIP FORM

2019

NAME: _____

CELL PHONE: _____ HOME PHONE: _____

EMAIL: _____

MAILING ADDRESS: _____

BIRTHDAY (month and day): _____

Tell us why you are interested in joining the IACS Guild:

Describe leadership skills/qualities you'd like to share in your work with the IACS Guild:

Tell us about yourself! What are three things our members should know about you?

___ I am interested in learning more about serving in a leadership role as a member of the IACS Guild Board or as committee chair.

Please return this form to one of our Membership Co-Chairs:

Christy Jennings—christy.jennings@hotmail.com

Monica Wight—monicawight@gmail.com

The IACS Guild Treasurer, **Amanda Rubeck**, will send an invoice for membership dues (\$50/year). Amanda can be reached at amandarubeckrandf@gmail.com with any questions.

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