

**Icelandic Association of Chicago
Membership Form**

Date_____

Full Name of member/s_____

Name of child/children_____

Address_____

City, State, Zip-code_____

Phone Number_____ E-mail_____

New Member_____ Renewal Member_____

Annual Membership fees: Individual/students: \$10.00 Family: \$20.00

Make payable to: Icelandic Association of Chicago
Please mail your check and **completed form** to our Treasurer:

Lawrence O. Shaw,
147 N. Buckingham Drive
Sugar Grove, IL 60554