



**INDONESIAN AMERICAN ASSOCIATION  
IKATAN KELUARGA INDONESIA**

**website: <http://www.IndonesianAmerican.org>**

Ref #: .....

**SELF**

First Name: ..... Last Name: .....

Citizenship: (WNI/WNA/Other)

Date of Birth: ..... E-mail: .....

Address: ..... Apt.....

City: ..... State: ..... ZIP:.....

Phone: Home ..... Mobile: .....

**SPOUSE**

First Name: ..... Last Name: .....

Citizenship: (WNI/WNA/Other)

Date of Birth: ..... E-mail: .....

Phone: Home ..... Mobile: .....

**DEPENDENT**

Total family member(s) under 18 years old: .....

(if you have > 0 dependent, fill in personal data form for your family member(s))

Herewith, I agree to enroll to Indonesian American Association / IKI as

(Select one):  Single/Individual Member \$20/year

Family Member \$30/year

Single/Individual Lifetime Member \$100/year

Family Lifetime Member \$150/year

\_\_\_\_\_, \_\_\_\_\_, 2009

\_\_\_\_\_  
(sign and print your name)

**OFFICER SECTION:**

Approved by: ..... Date: .....

Ref #: .....

PERSONAL DATA

First Name: ..... Last Name: .....

Citizenship: (WNI/WNA/Other)

Date of Birth: ..... E-mail: .....

Address: ..... Apt.....

City: ..... State: ..... ZIP:.....

Phone: Home ..... Mobile: .....

SPOUSE

First Name: ..... Last Name: .....

Citizenship: (WNI/WNA/Other)

Date of Birth: ..... E-mail: .....

Phone: Home ..... Mobile: .....

FAMILY MEMBER(S)

First Name: ..... Last Name: .....

Citizenship: (WNI/WNA/Other) Phone: Mobile: .....

Date of Birth: ..... E-mail: .....

First Name: ..... Last Name: .....

Citizenship: (WNI/WNA/Other) Phone: Mobile: .....

Date of Birth: ..... E-mail: .....

First Name: ..... Last Name: .....

Citizenship: (WNI/WNA/Other) Phone: Mobile: .....

Date of Birth: ..... E-mail: .....

First Name: ..... Last Name: .....

Citizenship: (WNI/WNA/Other) Phone: Mobile: .....

Date of Birth: ..... E-mail: .....

Category: A / B / C / D / E