

IACO MEMBERSHIP FORM

Name(s) _____

Street Address _____ City _____ State ____ Zip _____

Telephone number(s): Home _____ Mobile _____

E-mail address _____ Faith tradition / Worldview _____

Enclosed Contribution: \$100 _____ \$50 _____ \$20 _____ Other _____

(First \$20 per person will be applied towards your annual membership dues)

Request for information / other comments _____

*Please make your check payable to
Interfaith Association of Central Ohio*

Mail your check and this form to:
Interfaith Association of Central Ohio
57 Jefferson Avenue, Ste. 5, Columbus, Ohio 43215
Tel: (614) 849-0290 | Email: iaco@iaco.org | www.iaco.org



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