



INTERFAITH ASSOCIATION OF CENTRAL OHIO

MEMBERSHIP FORM

Title/Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Home: _____

Work: _____

E-mail: _____

Faith Tradition/World View: _____

All receipts, memberships, or donations in any amount, are tax deductible. IACO is registered as a tax exempt organization with the IRS.

Membership Fee: \$30 _____ Individual \$20 _____ Full-Time Student

Additional Contribution: \$10 _____ \$20 _____ \$50 _____ Other \$ _____

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
65 Jefferson Avenue
Columbus, Ohio 43215