## The Iranian Cultural Society of America (Shabahang)





## P.O. Box 148, Gladwyne, Pa. 19035

www.shabahang.org

Membership Form		
First Name(s):	Last Name(s):	Email(s):
1.		
2		
2.		
	I	
Home Phone ( )	Cell Pho	ne ( )
Address:	City:	State: ZiP:
	Cell Phone ( )   Cell Phone ( )	
Annual Membership is ef	fective from September 1 though Aug	ust 31 of the following year, and IS NOT prorated
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Flease check one box.	New Member(s)	Kenewing/Returning Member(s)
	ase mail the completed copy of this for	rm along with your check payable to Shabahang to:
Please indicate by check	ing a box if you are interested in as	ssisting us with any of the following activities:
Speakers.	Poetry reading	Hospitality
Art & Music	Film	Special Event
	2	
Pleas check one box	General donation	Scholarship donation
Do we have the honor of j	posting your name as donor on Shabah	nang website? Yes No

Welcome to The Iranian Cultural Society of America – Shabahang