



IAMV Holi Function & Membership Form

Contact: IAMV Treasurer: tkantesaria@gmail.com

The performers and their families must send payment (Check Payable to IAMV)
to: **IAMV Cultural, 104 High Street, North Andover, MA 01845**

Name: _____

Address: _____

Phone: () _____ Email: _____

Number of Adults: _____ \$25/Adult (\$35/Adult non-members & Guests)

Number of Children: _____ \$15/Child & Student (\$20/Child & Student non-member)

[Please add \$5 per person after April 14, 20. No Gate Entry will be allowed or permitted]

Membership (2013): \$20/Family \$15/Person or \$150 Life Member

Total: _____

Please send a check payable to: IAMV, 69 Cross Road., Andover, MA 01810

Note: Check must be received by April 15th, 2013