



IRIS HOUSE MEMBERS ONLY APPLICATION FORM
2348 Adam Clayton Powell Jr, Blvd New York, NY 10030

Welcome to the Iris House Members Only Club! We are excited to invite you to become a member of our community. Please complete the following application to join and benefit from our services designed with you in mind. There are two types of membership level for your convenience below:

PERSONAL INFORMATION

| | |
|--|------------------------|
| Full Name: | Date of Birth: |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____ | |
| Phone Number: | Email Address: |
| Street Address: | |
| City: | State/Province: |
| Postal/Zip Code: | Occupation: |

MEMBERSHIP DETAILS

| Membership Type | Benefits | Annual Fee (\$) |
|-------------------|--|-----------------|
| Silver Membership | Access to workshops, activities and regular events. | \$ 10 |
| Elite Membership | All Silver benefits plus exclusive events, parties and "exclusive Members Only shirt". | \$ 25 |

Select Membership Type: Silver Membership Elite Membership **(Membership Payment is Due Annually)**

PAYMENT INFORMATION

Payment Method: Credit Card Debit Card Cash

For All Credit and Debit Card Payments Please use the PayPal Information Below

PayPal Link: <https://www.paypal.com/ncp/payment/QZXARPYV3825E>

QR CODE:



For All Cash, check or money order Payments

Cash, check or money order Payments will be received at the 2389 Adam Clayton Powell Jr Blvd, 2nd floor between 9am to 5pm. Contact Person is Victoria Numa.

Please note that while some activities at the club are free, others may require payment. Your membership provides you with access to the club and certain events, but it does not guarantee an all-access pass to all Iris House events. If any event incurs an additional cost, members will receive advance notice

ADDITIONAL INFORMATION

| | | | | |
|-----------------------------------|-------------------------------------|--|--|--------------------------------|
| How did you hear about us? | <input type="checkbox"/> Friend | <input type="checkbox"/> Advertisement | <input type="checkbox"/> Social media | <input type="checkbox"/> Other |
| Shirt Size? | <input type="checkbox"/> S | <input type="checkbox"/> M | <input type="checkbox"/> L | <input type="checkbox"/> XL |
| Reason for Joining: | <input type="checkbox"/> Networking | <input type="checkbox"/> Social Events | <input type="checkbox"/> Interest Groups | <input type="checkbox"/> Other |
| If Other (Please Specify): _____ | | | | |

Are you currently receiving any services from our agency? Yes/No _____

If yes, please select all that applies: Food Pantry _____ Supportive Housing _____ Prevention and testing _____
Fresh Market _____ Support Groups _____ Food Voucher _____
Other: _____

Do you currently have any health concerns that you'd like us to be aware of? Yes/No _____

If yes, please specify: _____

Do you have an HIV status you would like to disclose? Yes/No _____

If yes, please specify: _____

Please List Activities of Interest: _____

Do you consent to having your picture taken and shared with funders and used for publications? Yes/No _____
(If Yes Please Sign and Date Below)

Signature: _____ Date: _____

DECLARATION AND SIGNATURE

I, _____, hereby declare that the information provided is true and complete to the best of my knowledge. I agree to abide by the members' rules and regulations. I understand that any false information may result in the denial of membership or termination if already accepted. Thank you for your application! We look forward to welcoming you as a valued member of our club. If you have any questions, please feel free to contact us at (646) 548-0100.

Signature: _____ Date: _____

SUBMISSION INSTRUCTIONS

- Please review all information before submitting your application.
- Completed form should be sent to **VNuma@irishhouse.org** or submitted in person at **2389 Adam Clayton Powell Jr Blvd, 2nd floor. New York, NY 10030.**
- For any inquiries, contact us at **(646) 548-0100**
