

**FIOC, Inc 2020 Membership Form**  
**For Period of 01/01/2020 – 12/31/2020**

All required information is required for processing your Nowruz ticket request.

Name: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Number of Children & Ages: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail\*: \_\_\_\_\_ Phone \*: \_\_\_\_\_

**\* Please do not forget to include your E-mail & phone number.**

**Membership Type: (Please check one)**

Family (\$30.00)  
(Husband, Wife, Children)

Single (\$20.00)

Student (\$10.00)

Extended Family (\$50.00)  
(Family + Grandparents)

**Please make your checks payable to "FIOC, Inc." and Mail to the below address:**

FIOC, Inc.  
P.O. Box 901  
Farmington, CT 06034-901