



## APPLICATION FOR LIFE MEMBERSHIP

Single  Joint

Applicant name: .....

If joint spouse name: .....

Address (Street): .....

City: .....

State: .....

Zip: .....

Telephone: Home ( ) ..... Mobile ( ) .....

Email: .....

Are you a member of any similar organization of malayalees in metro Chicago

Yes  No

Life membership:  Individual (\$ 50)  Joint (\$ 100) *(Tick one)*

Date ..... Signature of Applicant .....

Signature of Spouse .....

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### FOR OFFICE USE ONLY

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Approved  Date .....

Signature of Secretary .....