



**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 .....

*Please mail the completed application form along with Check ( \$50 / \$100) drawn in the name of Chicago Malayalee Association to Jimmy Kaniyaly, Secretary- CMA, 719 W St Johns Pl, Addison, IL 60101 (Tel :630 903 7680)*

**FOR OFFICE USE ONLY**

Approved  Date of approval .....

Signature of President .....

Secretary.....