



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 **Joshy Vallikalam (Secretary)***

8706 W. Stolting Rd., Niles, IL 60714 Phone cell: 312 - 685 - 6749

FOR OFFICE USE ONLY

Approved Date of approval

Signature of President

Secretary