



ALL INDIA MALAYALEE ASSOCIATION

Reg. No. 280/2007

Admn Office : No. 12/1, 5th Cross Street, United India Colony

Kodambakkam, Chennai - 600 024 Ph. 09884909366

Web site: www.myaima.org, Email: ngs@myaima.org

APPLICATION FOR LIFE MEMBERSHIP OF ASSOCIATIONS

Name of the Association

Address for correspondence

Name of contact person

Contact particulars
(Pl tick convenient mode)

Phone No	
Fax	
Mobile	
E-mail	

Year of Establishment

Is the Association registered under the Societies Act?
If yes, give Registration Number & Date of Registration

Registration No.	Date of Registration

Is the Association registered with/affiliated to
(i) NORKA.
(ii) Any State Organization
(If yes, please furnish details)

Yes	No
Yes	No

No. of valid members

Details of Association premises

(P T O)

Website address, if available

Does the Association publish periodicals

How often Executive Committee meets

Other social activities in which Association is actively involved

Documents enclosed

Copy of Registration Certificate	
Copy of approved bye-laws	
List of office bearers containing name, post held, mobile number and email-id	
List of valid members of the association	
Brief history of the Association	
Contribution of the association to develop Malayalam language and culture in your area	

Details of Membership fee enclosed

Cheque / DD No. _____ dtd / /
Amount ₹ _____
Payable at _____

Declaration

We hereby declare that we have read and understood the rules and regulations of All India Malayalee Association and hereby agree to abide by the contents therein.

Signature of the President

Signature of the Secretary

For AIMA OFFICE USE ONLY

Remarks of State Executive committee

Decision of the National Executive Committee

Signature of General Secretary

Signature of the President