## 10th Year

Place of Birth of spouse

## 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 INDIVIDUAL LIFE MEMBERSHIP**

Name of the Applicant	:	Mr./ Mrs. /Ms.	
Residential Address	:		
Occupation/Business Address	:		
Telephone / Fax/E-Mail ID	:	Res:	
Fax			
Mobile		E-mail	
All communication to be sent to	:	Residence / Office Address	
Date of birth / Age	: :		
Place of Birth			
Native Place	: :		
Mother Tongue			
Marital Status	a• a•	Married / Unmarried / Divor	ced
Date of Marriage	:		
Name of spouse	:		
Date of Birth of spouse / Age	:		

(PTO)

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:					
:					
<u>Name</u>	<u>Sex</u>	DO	<u>B</u>		
Name			post being		
of Assn		<u>since</u>	<u>held</u>		
;					
Cheque / DD No.			dtd / /		
Amount ₹					
DECLARATION					
given above are true to the best of my knowledge. Institution and bye laws of ALL INDIA MALAYALEE					

I hereby declare that the particulars further agree to abide by the cor ASSOCIATION.

Station

**Hobbies** 

enclosed

Mother Tongue of spouse

Occupation of spouse

Particulars of children

Applicant's membership in Other organizations, if any

Details of Membership fee

Signature of applicant Date

### For AIMA OFFICE USE ONLY

Application with Membership Fee of ₹2,000 received on / through cash / 1

DD / Cheque.

Remarks of State Executive committee

Decision of the National Executive Committee

Signature of General Secretary

Signature of the President