



# All India Malayalee Association

Reg. No. 280/2007

Admn Office: No.12/1, 5th Cross Street, United India  
Colony, Kodambakkam, Chennai—600024

Ph. 09884909366 Web site: www.myaima.org

Affix a  
recent  
Photograph  
here

## MEMBERSHIP APPLICATION FOR WOMEN WING

State unit, under which Membership sought for \_\_\_\_\_

Name of the applicant : Mrs. /Ms \_\_\_\_\_

Father/Husband's Name : \_\_\_\_\_

Present Address : \_\_\_\_\_

Permanent Address : \_\_\_\_\_

WhatsApp No. : \_\_\_\_\_

Email id : \_\_\_\_\_

Date of birth : \_\_\_\_\_

Occupation : \_\_\_\_\_

Marital Status : \_\_\_\_\_

Details of membership fee : ₹ 500/- through Cash / Cheque No.

### DECLARATION

I hereby declare that the particulars given above are true to the best of my knowledge and belief. I hereby express my willingness to associate myself with the above State unit of AIMA. I further declare that I will abide by the rules and regulations framed by AIMA State Unit for the smooth functioning of the Women's wing.

Place : \_\_\_\_\_

Date : \_\_\_\_\_

Signature of the applicant

State Exe Committee in its meeting held on \_\_\_\_\_accepted /not accepted  
the above request for membership. Membership fee received vide MR No.

State President

State Secretary

State Treasurer