ALL INDIA MALAYALEE ASSOCIATION
Reg. No. 280/2007
Admn Office : No. 12/1, 5th Cross Street, United India Colony, Kodambakkam, Chennai - 600 024.
Ph. +91 99289 98840 / 9811281027
web site: www.myaima.org.in, email: info@myaima.org.in

Membership Form

This membership form can be used for Individual including Women's, and Youth categories.

APPLICATION FOR LIFE MEMBERSHIP

Photo

Name :

Father's Name:

Mother's Name:

Date Of Birth: ID No:

Gender: ☐ Male ☐ Female

Nationality:

Category: Life/Women/Youth

Marital Status :

Number of Child:

Birth Place:

Mother Toungue:

Name of Spouse :

Date of Marriage:

Spouse's Birth Place:

Spouse's Mother Toungue:

Residential Address:

Present Address:

Permanent NativeAddress in Kerala:

Occupation : Service/Business:

Occupation/Business Address:

Particulars of Children :

Name:	Sex:	D.O.B

Applicant's membership in Other organizations, if any :

Organization:	Member Since:	Position:

Brief Pofile/Hobbies:

Declaration:

I, hereby declare that the particulars given above are true to the best of my knowledge. I, further agree to abide by the constitution and bye laws of ALL INDIA MALAYALEE ASSOCIATION.

Place:
Date:

Signature of Applicant

Person introduced by:

Membership No.

For AIMA OFFICE USE ONLY

Application with Membership Fee of 2,000/- received on /...../ through Cash /UPI/Cheque No.....Date:.....drawn on.....

Remarks of State Executive committee:

Decision taken by National Committee:

Signature State President / Secretary

Signature of National Gen. Secretary