



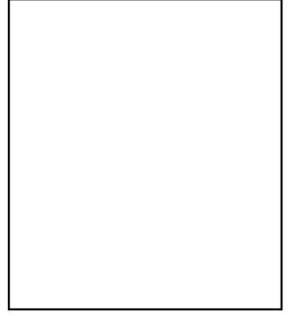
ALL INDIA MALAYALEE ASSOCIATION

Reg. No. 280/2007

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APPLICATION FOR INDIVIDUAL LIFE MEMBERSHIP

Name of the Applicant : Mr./ Mrs. /Ms.

Residential Address :

Occupation/Business Address :

Telephone / Fax/E-Mail ID : Res: _____
Fax _____ Off _____
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 : Married / Unmarried / Divorced

Date of Marriage :

Name of spouse :

Date of Birth of spouse / Age :

Place of Birth of spouse :

(P T O)

