



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

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MEMBERSHIP APPLICATION FOR YOUTH WING

State unit, under which Membership sought for _____

Name of the applicant : Mr. /Mrs. /Ms _____

Father/Husband's Name : _____

Present Address : _____

Permanent Address : _____

WhatsApp No. : _____

Email id : _____

Date of birth : _____

Occupation : _____

Marital Status : _____

Details of membership fee : ₹ 250/- 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 Youth 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