



WORLD MALAYALEE COUNCIL

WASHINGTON DC PROVINCE
PO BOX 588, Ashton, MD 20861

APPLICATION FOR MEMBERSHIP

Sir/Madam:

I _____ wish to become a Bi Annual/Life Member of WORLD MALAYALEE COUNCIL (WMC). Details about myself and my family are given below:

APPLICANT

SPOUSE (IF APPLICABLE)

Household/Children Information

Name	Relationship	Age	School

Your current information

Address	Home Phone:
	Office
	Cell Phone:
	Email:

Home Country Information

City/Village/Taluk		
District/State		

I _____ hereby certify that the information given above is true and complete to the best of my knowledge. I understand that the privileges of the Life Member of WMC is not transferrable.

Enclosed check No. _____ for \$ _____ towards Biannual (\$25) Life Member (\$200.00)

Signature of Applicant:

Date:

OFFICE USE ONLY

Registration No.		Date
Comments		
Signature: President/Secretary/Treasurer		Date