



WORLD MALAYALEE COUNCIL

WASHINGTON DC PROVINCE (VA/MD/DC)

PO BOX 588, Ashton, MD 20861

APPLICATION FOR MEMBERSHIP

I _____ wish to become a Annual/Bi Annual/Life Member of WORLD MALAYALEE COUNCIL (WMC). Details about me 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 (optional)

Street/ 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 are not transferrable. Membership date starts from the date of application and payment.

Enclosed check No. _____ for \$ _____ towards Annual (\$25) Biannual (\$50) Life Member (\$250.00)

Signature of Applicant:

Date:

OFFICE USE ONLY

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