

Hamilton Malayalee Samajam Membership Application

*First Name: * Last Name:

Spouse:

Children or Minor Dependants:

Name:	Yr. of Birth

Parents (Residing with you)

*Native place in Kerala

*Home Address:

*Home Telephone:

Mobile:

*Email:

Email 2:

* *Mandatory information*

Membership type: Life Single Life Family Annual family (Year _____)

**Note: Membership acceptance is subjected to HMS Executive Committee approval.
Annual Membership is valid only from the date of acceptance to December 31st of that Year.**

Fee Schedule: Life Single - \$100.00 Life Family - \$100.00 Annual family- \$25.00

For Office Use Only

Date of Approval: _____

Membership #

Date of Issue: _____

Membership Paid: \$ _____

Method of Payment: Cash / Cheque

Receipt # _____

Membership card issued: Yes / No

Name of the Issuing Treasurer: _____

Signature of the Issuing Treasurer: _____

A copy of the approved membership form should be forwarded to Board of Directors' Secretary.