

# MALAYALEE ASSOCIATION OF LONG ISLAND

## MEMBERSHIP FORM

— WWW.THELIMA.ORG



### REGISTRATION FORM

Membership Type :

Life (\$250)

Patron (\$500)

Date :

M

M

D

D

Y

Y

Y

Y

### PERSONAL INFORMATION

Name :

Spouse Name :

Address :

City

State

Zip Code

Date of Marriage :

M

M

D

D

Y

Y

Y

Y

E-Mail :

Phone :

Name of Children

Sex  
M / F

Date of Birth  
MM/DD/YYYY

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I/We request the LIMA to accept Me/Us as member/members. V/We are eligible for membership in the association as per the constitution of the association and promise to abide by the rules and regulations of the Association.

Signature & Date

Spouse Signature & Date

THANK YOU FOR YOUR INFORMATION