



MEMBERSHIP FORM

Name _____

Address _____

City _____ Zip _____

Phone _____ E-mail(Uppercase) _____

Spouse Name _____

Phone _____ E-mail(Uppercase) _____

Referred by _____

Type of Membership Patron(\$500) Life(\$200)

Children Age Sex Talents

Children	Age	Sex	Talents

I/We do hereby declare that I/We abide by the rules and regulations set by the Malayalee Association of Greater Houston.

Signature _____ Date _____



Name _____ Type of Membership _____

Committee Member _____ Amount Paid _____

Signature _____ Date _____

* This is only a temporary receipt. The original receipt will be issued by the MAGH Treasurer after the check is cleared. *