



**MEMBERSHIP FORM**

Name .....

Address .....

City ..... Zip .....

Phone ..... E-mail(Uppercase) .....

Spouse Name .....

Phone ..... E-mail(Uppercase) .....

Referred by .....

Type of Membership  Patron(\$500)  Life(\$150)

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.* ★