



Kerala Samajam of South Florida Inc.

"The home of South Florida Malayalees"



Mailing Address: 5669 S University Dr, Davie, FL 33328 Ph: (954) 579-4549

Membership Form 2010

Full Name: _____ Single (\$15) ____ Family (\$30) ____

E-Mail Address: _____ Preference: ____ E-mail ____ US Mail

Mailing Address: (Please print or affix your address sticker- IMPORTANT for invitation mailings)

_____ Unit/Apt # _____

City _____ State _____ Zip code _____

Home Phone: () _____ - _____ Cell: () _____ - _____

Full Name of Spouse: _____

Name(s) & Age(s) of Children: _____

Are you holding any office or have held any office during the past 5 years in any other organization with similar objectives, scope or activities to that of Kerala Samajam, and with registered office or activities within the geographical area of the Samajam as per article III A-4. If yes, you will not be eligible to be considered or to hold any elective, nominated or ex-officio positions or to attend/cast vote in the General Body meetings of the Samajam.
YES _____ NO _____

For Official Use Only

Paid Amount: \$ _____ By Cash _____ Check _____ Other _____

Eligibility Verified By: _____ Sig: _____ Date: _____

----- Tear Down Receipt-----

Kerala Samajam of South Florida, Inc. hereby acknowledges the receipt of \$ _____ towards 2010 annual membership fee and we thank you wholeheartedly for your support. Date: _____

Member's Name: _____ Recipient's Name: _____

"Become a Kerala Samajam Member and be known to the Community"