



Federation of Malayalee Associations of Americas®

MEMBERSHIP/RENEWAL APPLICATION FORM

DATE	MM/DD/YYYY
NAME OF ORGANIZATION	
STREET ADDRESS	
CITY	
STATE	
ZIP CODE	
INCORP: NUMBER	
INCORP: REG: DATE	MM/DD/YYYY
TOTAL PAID MEMBERS	
PRESIDENT	
TELEPHONE	
EMAIL	
ADDRESS	
STREET ADDRESS	
CITY	
STATE	
ZIP CODE	
SECRETARY	
TELEPHONE	
EMAIL	
TREASURER	
TELEPHONE	
EMAIL	

AFFIDAVIT

ON BEHALF OF _____
 WE, AS AUTHORIZED BY THE EC, APPLY FOR MEMBERSHIP/RENEWAL IN THE FOMAA INC. WE, HEREBY
 AGREE THAT WE WILL ABIDE BY THE CONSTITUTION AND BYLAWS OF FOMAA.

SIGNATURES: President Secretary

OFFICIAL USE ONLY			
RECEIPT DATE			
NOTICE DATE			
CHECK LIST*	Check # <input type="radio"/> \$ 100	INCORP: Copy <input type="radio"/>	Members List <input type="radio"/>
REMARKS	Association <input type="radio"/>	Chapter <input type="radio"/>	Organization <input type="radio"/>
APPROVED BY			
APPROVAL DATE			

* Please attach.