

# FEDERATION OF MALAYALEE ASSOCIATIONS OF AMERICAS (FOMAA)



## Association Membership Renewal Form 2024



Name of Member Association ..... FOMAA Region .....

### Member Association Details:

Address.....

Incorporated Date .....

Incorporated Number.....

### CERTIFICATION OF MEMBER ASSOCIATION

We, the undersigned officers, hereby agree that we will fully abide by Constitution & Bylaws of FOMAA.

Name of the President ..... Signature:..... Date: ... /... /2024

Name of the Secretary ..... Signature:..... Date: ... /... /2024

1. **EMAIL** the Signed Form to FOMAA General Secretary at [info@fomaa.org](mailto:info@fomaa.org) before 6/22/2024.
2. **ZELLE** the **\$100 Fees** to FOMAA Treasurer at [fomaabank@gmail.com](mailto:fomaabank@gmail.com) before 6/22/2024.

OR

**MAIL** the Check for **\$100 Fees** to FOMAA Treasurer before 6/22/2024.

*Address: 17916 Orange Grove Blvd, Loxahatchee, FL 33470*