

## MALAYALEE ASSOCIATION OF NORTH FLORIDA

Jacksonville, FL





## **APPLICATION FOR MEMBERSHIP - YEAR: 2024**

1)	Name of Member 1:				
2)	Member 1 Email ID :				
3)	Name of Member 2:				
4)	Member 2 Email ID:				
5)	Contact Phone :				
6)	No. of Children :				

Single: \$40 / Family of 2 (No kids): \$60 / Family (with kid/s): \$100

## \*\*For Office Use Only\*\*

Received By	Date	\$ Amount Coll	\$ Amount Collected		
			Cash	Check	

<sup>\*</sup> Please make Checks payable to "MANOFA" and hand over to any MANOFA Executive Committee Member