

MALAYALEE ASSOCIATION OF NORTH FLORIDA

Jacksonville, FL

Ph : (904) 567-6737

*(501(c3) Non-Profit Organization)*

16-1776909

**APPLICATION FOR MEMBERSHIP – YEAR : 2014**

**New Renewal**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Last** | | | | **First** | | | | | **Middle** | | |
| **Name** | |  | | | |  | | | | |  | | |
| **Spouse Name** | |  | | | |  | | | | |  | | |
| **Address** | | **Street** | | | | | | **City** | | | **State** | | **Zip** |
|  | | | | | |  | | |  | |  |
| **Telephone : Home** | | |  | | | **Email Address** | |  | | | | | |
| **Telephone : Mobile** | | |  | | | **Alternate Email** | |  | | | | | |
| **Profession** | | |  | | | **Personal Interests (Arts/Sports)** | |  | | | | | |
| **Particulars Of Family Members (Children/Parents)** | | | | | | | | | | | | | |
| **#** | **Name** | | | | **Relationship** | | **\*Age (Children)** | | | **Personal Interests** | | | |
| **1** |  | | | |  | |  | | |  | | | |
| **2** |  | | | |  | |  | | |  | | | |
| **3** |  | | | |  | |  | | |  | | | |
| **4** |  | | | |  | |  | | |  | | | |
| **\*** (Children up to Teenagers – please include Age to determine eligibility requirements for various Sports & Cultural Programs) | | | | | | | | | | | | | |
| **ANNUAL MEMBERSHIP FEE: \*$40.00 (family) / \*$20.00(Individual)**  **Valid for 1 Calendar Year: Jan - Dec (Should be renewed yearly)** | | | | | | | | | | | | | |
| I/We hereby elect to become member/s of Malayalee Association of North Florida, Inc. (MANOFA). I/We also agree to abide with the Rules and Regulations (By-Laws) of the Association. By signing below, I/We also authorize MANOFA and its authorized personnel to contact me/us by Phone, Email or US Postal Services. I/We understand “MANOFA” will protect my/our privacy and keep all personal data as confidential records. | | | | | | | | | | | | | |
| **Applicant's Signature** | | | |  | | | | | **Date** | | |  | |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Received By** | **Date** | **$ Amount Collected** | | **Approved By** |
|  |  |  | **Cash Check** |  |

**\*** Please make Checks payable to “MANOFA” and mail to: *10521 Lantana Lakes N, Jacksonville, FL 32246* or hand over to any MANOFA Executive Committee Member.­­

Phone: (904) 567-6737 Email : [info@manofa.org](mailto:info@manofa.org) | Web: http://[www.manofa.org](http://www.manofa.org)