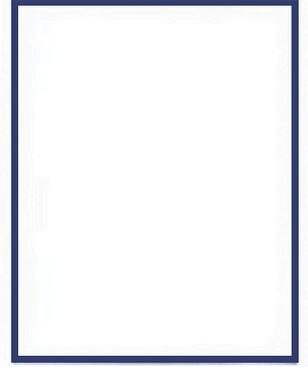




AJMAN MALAYALI KOOTTAYMA (AMK) Ajman - UAE

MEMBERSHIP FORM



Membership No:		Date:	
Name of Applicant:		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Date of Birth:	UAE Mobile:	Whatsapp No:	
UAE Residence Visa Holder: YES <input type="checkbox"/> NO <input type="checkbox"/>		India Mobile No:	
Blood Group:	Email:		
Address in UAE	Company Name:		
	Location:	Emirate:	PO Box:
Address in India	House Name:		
	Corporation/Municipality/Panchayath:		
	District:	Emergency Contact Number & Name:	
Marital Status	Married <input type="checkbox"/> Single <input type="checkbox"/> Others <input type="checkbox"/>	Name of Spouse:	
Name of Children / DOB			I hereby declare that the information provided is true and correct.
Recommended By			
Name And Details of Nominee / Relation:			
PH Number:			Signature of the Applicant
President	General Secretary	Treasurer	