

GREATER ATLANTA MALAYALEE ASSOCIATION

ഗ്രേറ്റർ അറ്റ്ലാന്റാ മലയാളി അസോസിയേഷൻ

(GAMA)

P.O. Box 673511, Marietta, GA 30006 gamacares@gmail.com

Membership Application Form

First Name	
Last Name	
Family Name / HomeTown	
Address	
Phone	Home _____ Cell _____
Email	
Comments	

Membership Type: Single (\$25.00) Family (\$50.00)

Amount: _____ Cash Check

Referred by:

Preferred method of contact: Email Phone

Signature: _____ Date: _____

-----For official purpose only-----

Notes:

President _____ Secretary _____ Date _____