



MALAYALEE ASSOCIATION OF TAMPA (MAT)

MAT MEMBERSHIP FORM-2017

Membership Type: (Please select one)

Lifetime (\$250)

Family (\$20)

Single (\$10)

Student (\$5)

Name:	
Name of Spouse:	
Address:	
City:	Zip:
Cell:	Landline:
email:	
Spouse Ph:	Email:

Other Members (Under 18 years of Age)

Child 1:	Child 2:
Child 3:	Child 4:

Family Members of Age 18 and above Requires Separate Single Membership with \$5.

Family Member 1:	Family Member 2:
Family Member 3:	Family Member 4:

ALL MEMBERSHIP EXCEPT LIFETIME MEMBERS IS VALID BETWEEN Jan 1st 2017 THROUGH Dec 31st 2017

Signature.....

Date: ___ / ___ /2017