



ABU DHABI MALAYALEE SAMAJAM

P.O. Box: 2779, Tel: 6671400 - Fax: 6671355
ABU DHABI - U.A.E.

NO:.....

APPLICATION FOR MEMBERSHIP

1 Name in full:.....

2 Occupation:

3 Are you Married / Single:

(a) if married, is your family in Abu Dhabi

4 Address in Abu Dhabi:

Tel. Office: Res.

Mobile: E-Mail

5 Home Address:

T.D.!

6 Passport No. Issued at:

Date of issue..... Valid upto:

7 United Arab Emirates Visa No. Valid upto:

8 Are you a member of Registered Organisation:

If so (a) Names of Organisations:

(b) The Post you hold in them
(Ordinary / Executive)

9 What are your extra curricular activities
Please give details:

10 I hereby declare:
That the above particulars are true and correct, that I have read and understood
the constitution of the Abu Dhabi Malayalee Samajam and that I will abide by it.
Date: Signature of the Applicant:.....

11 Introduced by: Name:..... Signature:.....
Address:..... Roll No:.....

12 Recommended by: Name:..... Signature:.....
Address..... Roll No:.....

Decision of the Managing Committee:.....

.....
Hon. President Hon. General Secretary

All the questions from 1 to 10 must be answered fully and correctly
To be accompanied with - 2 Nos. P.P Size Photographs 1 Copy of P.P. Pages 1 to 5 and R.P. Page
P.S. Introducer and recommender should be member of Samajam for a minimum period of one year.
They should not be defaulters to the Samajam in any way or any action by the Samajam be pending against them