



MALAYALI ASSOCIATION OF TOWNSVILLE INC. MEMBERSHIP FORM

1. Type of Membership: Family / Single
2. Name(s) of the applicant(s)

Name	Date of Birth (Year Not required)

Office Use ONLY		
Year	Amount	Decision
2009-		
2010-		
2011-		
2012-		
2013-		

3. Address: Australia

Kerala

Place
District
Kin Phone (emergency contact in Kerala)

4. Email:

i)
ii)

5. Phone (Home):..... Mobile:.....

I would like to be a member of the Malayali Association of Townsville Inc. I hereby agree to obey the rules of the association and understand that the association will not have any liability insurance.

I allow / do not want MAT Inc to publish my/our name(s), address, phone and email in the member's directory.

Signature

6. Nominator

I hereby certify that I know and support this application.

Name and Signature of the Nominator

Malayali Association of Townsville is an association to support people of Kerala origin and to promote the cultural and ethnic values of the Malayali community. Rules and regulations of the association can be viewed by consulting the secretary or can be purchased at a cost of \$5.00. The personal information provided to the association will not be provided to a third party or to any other members under any circumstances.