

Sacramento ReGional Association of Malayalees (SARGAM)

APPLICATION FOR MEMBERSHIP

NAME (First/Last/MI) _____

SPOUSE (First/Last/MI) _____

ADDRESS (Street, Apt#) _____

(City, State, Zip) _____

HOME PHONE: _____ **OFFICE PHONE:** _____

CELL PHONE: (Optional) _____

E-MAIL (1): _____ (will be added to SARGAM mail list)

Alternate E-MAIL (Optional): _____ **Include in list? Yes / No**

NATIVE PLACE - Applicant: _____ **Spouse:** _____

COMPANY/BUSINESS- (Optional)

Applicant: _____ **Spouse:** _____

SPECIAL INTERESTS: (Indicate Applicant/Spouse or both):

CHILDREN

Name	Sex	Age	Grade	Special Interests

Annual Membership: \$25/-

*Since we are not formally registered yet, for now please make checks payable to **Shibu Sreedharan** our Current Treasurer.*

Signature of Applicant _____ **Date** _____

Sponsoring Member _____ **Date** _____

Please give completed form with cheque to the sponsoring committee member or mail to: SARGAM, 2305, Ferndale Court, Roseville, CA 95661

-----**For Office use only**-----

Application received: _____ Approved Date: _____ Cash/Check: _____