



Valley Malayalee Arts And Sports Club
VMASC - Valley Club
(A Non-Profit Organization)
P.O. Box 3941, Chatsworth, CA 91313-3941

APPLICATION FOR MEMBERSHIP

Name : _____
Address: _____

Phone: _____
E-mail : _____

MEMBERSHIP FEE

FAMILY \$40.00 /year
SINGLE \$25.00 /year

Other Members in Household

1. _____
2. _____
3. _____
4. _____
5. _____

Please enroll me as a member of Valley Malayalee Arts and Sports Club. I am enclosing an amount of \$_____ (cash/check) for beginning/renewal membership for the year _____.

Please make check payable to VMASC.

Applicant's Signature _____ Date _____

(If you changed your contact information recently, fill the following part and return to VMASC)

Change of Contact Information

Name :	_____
Address:	_____

Phone:	_____
E-mail :	_____