ORLANDO REGIONAL UNITED MALAYALEE ASSOCIATION

MEMBERSHIP FORM

DATE: _____

MEMBERSHIP TYPE:	
☐ NEW	☐ RENEWAL

NAME: _____
LAST FIRST MIDDLE INITIAL

SPOUSE NAME:_____
LAST FIRST MIDDLE INITIAL

MAILING ADDRESS:_____

_____
CITY STATE ZIP CODE

TELEPHONE NUMBER: (_____) _____
AREA CODE

EMAIL ADDRESS: _____

CHILDREN: _____

NAME	**DATE OF BIRTH**
NAME	**DATE OF BIRTH**
NAME	**DATE OF BIRTH**
NAME	**DATE OF BIRTH**
NAME	**DATE OF BIRTH**

WOULD YOU LIKE TO TAKE PART IN THE FOLLOWING ORUMA CLUBS?

☐ DRAMA CLUB ☐ MUSIC CLUB ☐ OTHER_____

SPECIAL INTERESTS: _____
_____

MEMBERSHIP PARTICULARS:

_____ FAMILY: LIFETIME MEMBERSHIP	**$300**
_____ FAMILY: ANNUAL MEMBERSHIP	**$40***
_____ SINGLE: ANNUAL MEMBERSHIP	**$25***

*Annual Membership expires December 31, every year.

PLEASE MAKE CHECKS PAYABLE TO "ORUMA"

MAIL TO: ORLANDO REGIONAL UNITED MALAYALEE ASSOCIATION
7555 CRANES CREEK CT.
WINTER PARK, FL 32792