

SDMM Membership Registration Form (Page 1 of 2)

Names:

- 1) Member _____
- 2) Spouse _____
- 3) Child 1 _____ Age _____
- 4) Child 2 _____ Age _____
- 5) Child 3 _____ Age _____
- 6) Others _____

Mailing Address:

Street Address _____ Unit # _____

City _____ State _____ ZIP _____

Contact information:

Home Phone: (_____) _____ Mobile: (_____) _____

E-Mail(s): _____

(Please turn over)

Membership Year: 2010

SDMM Membership Registration Form (Page 2 of 2)

Membership Dues:

Payment Method (Select one) Check [] Will pay in person at the function []

Membership Dues \$ _____ (\$50 for family, \$30 for Individual members)

Additional Donation \$ _____ Total Amount enclosed \$ _____

Please write the check in favor of **“San Diego Maharashtra Mandal”**. Please send this form with the check to **“SDMM, P.O. Box 910848, San Diego, CA-92191-0848”**. For questions, contact committee@mmsandiego.org or visit <http://www.mmsandiego.org>.

Optional Information:

Profession: _____ Employer: _____

Comments/Suggestions for SDMM Committee

“

_____”