Old Martinians Association of NEw England

www.omane.us

Membership Form

Name: _____ **Spouse** _____
Circle one: **Alumnus/Friend of Mart** **Alumnus/friend of Mart**

Pass-out from LMC _____, Spouse: _____

Address: _____

Phone/Fax: _____**E mail/s: Self:** _____**Spouse:** _____

Children: Name(s)_____, _____, _____

You are interested to volunteer in

Fundraising: _____, **Mentorship: _____, Cultural Activities: _____**

Literary activities: _____, **Community Service: _____, Others: _____**

Individual Annual Membership .....$40.00; Life Member ……..$200.00
Family Annual Membership……..$60.00; Life Member ……..$300.00
Student Membership-Annual ……..$25.00

Make check payable to "OMANE" and mail to the Treasurer:
Sid Jeevan, 54 Azalea Rd., Sharon MA 02067-3214

Payment to be received by the Treasurer of the Association

I agree to be by bound by the rules and regulations of the OMANE.

Signature: _____ date: _____

Thank you

PRESIDENT	VICE PRESIDENT	SECRETARY (INTERIM)	TREASURER	MEMBER-AT-LARGE
Syed Ali Rizvi	Dr. Ali Ashter	Rajiv Sharma	Siddharth Jeevan	Rajiv Sharma