



Telugu Association of Metro Atlanta

Education • Entertainment

అట్లాంటా తెలుగు సంఘం
విజ్ఞానం మరియు వినోదం

MEMBERSHIP FORM 2015-2016

LIFE MEMBERSHIP: \$150

BIENNIAL (FAMILY): \$40

BIENNIAL (SINGLE): \$20

LAST NAME: _____

FIRST NAME: _____

SPOUSE FIRST NAME: _____

SPOUSE LAST NAME: _____

E-MAIL ADDRESS: _____

PHONE NO: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

MEMBER OCCUPATION: _____

SKILLS/INTERESTS: _____

SPOUSE OCCUPATION: _____

SKILLS/INTERESTS: _____

INFORMATION OF CHILDREN UNDER 18 YEARS OF AGE: (PLEASE ATTACH SEPARATE SHEET IF NEEDED):

S. NO.	NAME	AGE	GENDER	SKILLS/INTERESTS
1			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
2			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
3			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	

PAYMENT TYPE:

PERSONAL CHECK

MASTER CARD

VISA

CARD NUMBER _____

EXP DATE ____ / ____

CVV CODE _____

BILLING ADDRESS (IF DIFFERENT FROM THE ADDRESS GIVEN ABOVE):

ADDRESS _____

CITY _____

STATE _____

ZIP _____

1. I agree that the above filled data is correct and most recent.

2. By signing below I agree to abide by TAMA constitution and bylaws and will strive to promote Telugu culture and heritage.

Signature: _____

Date: _____

Mailing Address: TAMA 5490 McGinnis Ferry Rd Ste 217 Alpharetta GA 30005. Tel: (404) 946-TAMA (8262).

Check payable to: TAMA Tax Id: 58-1482602

www.tama.org

www.fb.com/tama1981