



# Telugu Association of Metro Atlanta అట్లాంటా తెలుగు సంఘం

తెలుగు సంస్కృతి తామా స్రవంతి

## MEMBERSHIP FORM 2023-2024

☐ 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 \_\_\_\_\_

☐ EXPIRATION DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

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: \_\_\_\_\_

Address: TAMA 5490 Mcginnis Ferry Rd Ste 117 Alpharetta GA 30005. Tel: (404) 946-TAMA (8262). **Check payable to: TAMA Tax Id: 58-1482602**

[www.tama.org](http://www.tama.org)