



(Non-Profit Organization Tax. I.D. # 22-2182019)

TLCA LIFE / ANNUAL MEMBERSHIP FORM –2016

(Annual Membership will expire on 12-31-2017)

* * *

Member's Last Name: First Name:

Spouse's Last Name: First Name:

Children: 1) Age: 2) Age:

3) Age: 4) Age:

Address: Line-1:

Line-2: Apt # (if any):

City: State: Zip:

Telephone # Mobile: (_ _ _) _ _ _ _ _ Home: (_ _ _) _ _ _ _ _ Fax # (If any): (_ _ _) _ _ _

E-mail Address:

Member's Occupation:..... Spouse's Occupation:.....

I/we herewith give consent to publish the above information in TLCA Membership Directory. **YES** (.....) / **NO** (.....)

Membership Fee: **\$30.00** Annual (Family/Single); **\$125.00** Life (Family/Single)

Payment Particulars: Cash/ Chk# _____ **Bank:** _____ **Date** _____ **Amount** _____

Signature: **Date:**

Referred by:.....

Please mail the form to
Srinivas Guduru, President, 50 Amherst Lane, HICKSVILLE, NY 11801

All contributions made to TLCA are tax deductible under Non-profit Organization Tax ID 22-2182019

President	Vice-President	Secretary	Treasurer	Jt. Secretary	Jt. Treasurer
Srinivas Guduru 917.547.5844	Dharmarao Thapi 347.452.9289	Ashok Chintakunta 347.834.3977	Babu Kudaravalli 631.662.1097	Jayprakash Enjapuri 516.776.4172	Jyothi Jasti 646.938.8626