



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

## TLCA LIFE MEMBERSHIP FORM – 2021

\* \* \*

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** (.....)

Life Membership Fee: **\$200.00**

**Payment Particulars: Cash/ Chk# \_\_\_\_\_ Bank: \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_**

(Please make the check payable to Telugu Literary and Cultural Association)

**Signature:** ..... **Date:** .....

**Referred by:** .....

Please mail the form to

**Uday Kumar Dommaraju, 29 Lawnview Ave, Hicksville, NY-11801**

President	Vice-President	Secretary	Treasurer
Uday Kumar Dommaraju	Jayprakash Enjapuri	Nehru Kataru	Kiranreddy Parvathala
718-724-3566	516-776-4172	917-709-8983	631-885-4828