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

TLCA LIFE MEMBERSHIP FORM – 2024

* * *

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

TLCA, 15253, 10th Ave, Ste 213, Whitestone, NY 11357-1216

President	Vice-President	Secretary	Treasurer
Kiran Reddy Parvathala	Sumanth Ramsetti	Madhavi Korukonda	Srinivas Sanigepalli
631-885-4828	917-399-0559	917-704-9886	917-873-7329