



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

TLCA LIFE MEMBERSHIP FORM – 2025

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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

83-38 Little Neck Parkwy Floral park NY 11004

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