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

TLCA Life Membership Form – 2026

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 #: _____

City: _____ State: _____ ZIP: _____

Contact Information

Mobile: (____) _____ Home: (____) _____ Fax: (____) _____

E-mail Address: _____

Occupation

Member's Occupation: _____ Spouse's Occupation: _____

I/We hereby give consent to publish the above information in the TLCA Membership Directory. YES (____) NO (____)

Life Membership Fee: $200.00

Cash / Check #: _____ Bank: _____ Date: _____Amount: _____

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

Signature: _____ Date: _____

Referred By _____

Please mail the form to: 1 N Village Green, Levittown, NY 11756

President	Vice-President	Secretary	Treasurer
Sumanth Ramsetti	Srinivasa Sanigepalli	Lavanya Atluri	Sunil Challagulla
917-939-0559	917-843-7329	931-349-2109	516-817-5355