



# Telugu Association of Metro Atlanta

Education • Entertainment

అట్లాంటా తెలుగు సంఘం  
విజ్ఞానం మరియు విసేదం

## MEMBERSHIP FORM 2011-2012

LIFE MEMBERSHIP: \$150     BIENNIAL (FAMILY): \$40     BIENNIAL (SINGLE): \$20

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

SPOUSE FIRST NAME: \_\_\_\_\_ SPOUSE LAST NAME: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

MEMBER OCCUPATION: \_\_\_\_\_ SKILLS/INTERESTS: \_\_\_\_\_

SPOUSE OCCUPATION: \_\_\_\_\_ SKILLS/INTERESTS: \_\_\_\_\_

### INFORMATION OF CHILDREN UNDER 18 YEARS OF AGE: (PLEASE ATTACH SEPARATE SHEET IF NEEDED):

S. NO.	NAME	AGE	GENDER	SKILLS/INTERESTS
1			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
2			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
3			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	

PAYMENT TYPE:     PERSONAL CHECK     MASTER CARD     VISA  
 CARD NUMBER \_\_\_\_\_  EXPIRATION DATE \_\_\_/\_\_\_

### BILLING ADDRESS (IF DIFFERENT FROM THE ADDRESS GIVEN ABOVE):

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

1. I agree that the above filled data is correct and most recent.
2. By signing below I agree to abide by TAMA constitution and bylaws and will strive to promote Telugu culture and heritage.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Mailing Address: TAMA 545 Rockbass Rd Suwanee, GA 30024. Tel: (404) 946-TAMA (8262). Tax Id: 58-1482602**

**Check payable to: TAMA Tax Id: 58-1482602**

[www.tama.org](http://www.tama.org)