



TELUGU ASSOCIATION OF MARYLAND, INC (TAM)

Web: www.tamaryland.org · Email: info@tamaryland.org

Membership Application Form

Are you above 18 years? ☐ Yes ☐ No

☐ Life Member (\$100) ☐ Patron Member (\$500) ☐ Grand Patron Member (\$1000) ☐ Donor (\$5000)

First Name _____ Last Name _____

Email Address _____ Phone _____ - _____ - _____

Spouse First Name _____ Spouse Last Name _____

Spouse Email Address _____ Spouse Phone _____ - _____ - _____

Address _____

City _____ State _____ Zip _____

Member Occupation _____ Skills/Interests _____

Spouse Occupation _____ Skills/Interests _____

INFORMATION OF CHILDREN (Please attach additional sheet if required)

S.NO	Name	Date of Birth	Gender	Skills/Interests
1			<input type="checkbox"/> M <input type="checkbox"/> F	
2			<input type="checkbox"/> M <input type="checkbox"/> F	
3			<input type="checkbox"/> M <input type="checkbox"/> F	

PAYMENT TYPE ☐ Check ☐ VISA ☐ Master ☐ American Express

Card Number _____ - _____ - _____ - _____ Exp. Date _____ / _____ CVV _____

BILLING ADDRESS (If different from above)

Address _____ City _____ State _____ Zip _____

Make checks payable to **TAM** or **Telugu Association of Maryland, Inc.**

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

Signature _____ Date _____ / _____ / _____

FOR TAM USE ONLY:

Received Date: _____ **Member Type** ☐ Life ☐ Patron ☐ Grand Patron ☐ Donor

Check No. & Date: _____ Deposited Date: _____

Membership Approved By: _____ Referred By: _____

Note: _____