



Telugu Association of North America, Inc. (TANA)

(A 501(c)(3) Non-Profit, National Organization) Established 1978

Web: www.tana.org Email: info@tana.org

Membership Application Form

Prefix: _____ Last Name: _____ First Name: _____ MI: _____

Prefix: _____ Spouse Last Name: _____ Spouse First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

HomeTel: _____ Cell/Office: _____ Are you above 18 Years? Yes No

Are you a person of Telugu Origin? Yes No

Member

Spouse

Email: _____ Email: _____

Alumni : _____ Alumni : _____

Profession: _____ Profession: _____

Professional Speciality: _____ Professional Speciality: _____

Home Place & Distirct in India: _____

Interests: _____

Children's Name	Age	Gender	Skills / Interests

Membership Recommended By: Self Tana Website TANA Patrika Other: _____

Membership Dues: Donor Membership \$ 5,000. Life Membership \$ 125. Biennial Membership \$30.

Credit Card (Master/Visa only. Check One): Master Visa Name on the Card: _____

Card Number: _____ CVV Code: _____ Exp.Date:(mm/yy): _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Make Check Payable to " TANA " Mail this form along with payment to :

Satish Vemana, Treasurer, P.O.Box: 3500 Fairfax, VA 22038

Fax: (703)738-7337 Email: treasurer@tana.org Or Join online at www.tana.org/signup

NOTE: TANA reserves the right to verify the information provided. In accordance with and without limitation to TANA bylaws, If TANA determines, in its sole discretion, that any individual on this application no longer subscribes to the objectives of TANA or that false or misleading information was provided, TANA may reject this application or cancel the membership of any or all persons listed in this application form. In any case, membership fees are non-refundable. If you are paying by credit card, the TANA applicant must be the card holder. If you are paying by personal check, the TANA applicant must be the account holder. Biennial Membership Expires on the last day of TANA National Conference or July 10, 2011. Please check our Bylaws at www.tana.org for membership rights/benefits/details.

I also hereby authorize TANA to publish my name, address, home phone, and cell/work phone on the TANA web site and in the TANA Directory.

I certify that all the information that was provided by me in this form is true to the best of my knowledge.

Member Consent & Signature: At least one signature is required. Signature is optional if joined online. No cash, Money Orders or Cashiers checks are accepted

Member Signature: _____

Spouse's Signature: _____

Date _____

For TANA use only: Received Date: _____ Member Type: Donor Life Biennial Membership ID: _____

Check No.& Date : _____ CC Transaction/Check Deposit Date: _____

Approval Date: _____ Membership Approved By: _____