



Telugu Association of Greater Boston, Inc. (TAGB)

Non-Profit, National Organization - Established in 1984

www.tagb.org

Membership Application Form

Are you a person of Telugu Origin? Yes No Are you above 18 Years? Yes No

Prefix: _____ First Name: _____ Last Name : _____

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

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile: _____ Spouse's Mobile: _____

Member's Email: _____ Spouse's Email: _____

Member's Profession: _____ Spouse's Profession: _____

Interests: _____

Children's Name	Age	Skills / Interests
_____	_____	_____
_____	_____	_____
_____	_____	_____

Membership Dues: Patron \$ 5,000. Family - Life \$ 201. Life - Single \$ 125. Annual - Family \$40. Annual - Single \$20 Student \$10.

**Make Check Payable to "TAGB" Mail this form along with payment to: Srinivas Batchu, Secretary, TAGB
11 Canter Lane, Franklin, MA 02038 Email: memberships@tagb.org**

NOTE: TAGB reserves the right to verify the information provided. In accordance with and without limitation to TAGB bylaws, if TAGB determines, in its sole discretion, that any individual on this application no longer subscribes to the objectives of TAGB or that false or misleading information was provided, TAGB 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. Annual Membership Expires on March 31st.

Please check TAGB Bylaws at www.tagb.org for membership rights/responsibilities/benefits/details.

I also hereby authorize TAGB to publish my name, address, home phone on the TAGB web site and/or in the TAGB Directory.
I certify that all the information that was provided by me in this form is true to the best of my knowledge.

Signature: _____

_____ Date

For TAGB use only: Received Date: _____

Member Type: Patron Donor Life- Family Life - Single Annual - Single Annual - Family Student

Membership ID: _____

Check No. & Date : _____

Check/Cash Deposit Date: _____

Approval Date: _____

Membership Approved By: _____