

Tamang Society of America Inc.

PHOTO

MEMBERSHIP APPLICATION FORM

Full Name: _____

Date of Birth: _____

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

Home Phone #: _____ Mobile Phone #: _____

Email Address: _____

Gender: Male Female

Age Group: 18 to 25 26 to 35 36 to 45 46 to 60 60 +

Marital Status: Married Single Divorced

Are you or your family member a permanent resident or Citizen of United States? Yes No.

A. Membership Details:

Membership Type: Yearly Lifetime

Please list the name of family members below: (Free Membership under the age of 18)

| Full Name of Family members | Relation | Full Name of Family Member | Relation |
|-----------------------------|----------|----------------------------|----------|
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B. Payment Options:

I wish to pay by: Cash Cheque. (Please make Cheque payable to TSA)

Membership Fee: \$60 (Individual Adult) \$30 (Student) \$ 1000 (Life Time)

C. Declaration:

I herby apply for the membership to Tamang Society of America and I accept and abide by its By-laws.

Signature: _____ Date: _____

Official Use Only:

Membership No. _____ Approved By: _____ Date: _____

Tamang Society Of America Inc., 41-47 63rd Street, Woodside, NY 11377.

Website: www.TamangSociety.org Email: TamangSociety.org@gmail.com OR TamangSociety@usa.com