



நியூயார்க் தமிழ்ச் சங்கம் NEW YORK TAMIL SANGAM

MEMBERSHIP APPLICATION FORM

I Hereby Apply for a Membership of The New York Tamil Sangam.

**Life Membership: \$150.00 Only. Membership Benefits for a Family of Four
Donations Appreciated.**

Last Name	
First Name	
Address	<hr/> <hr/>
Name of Spouse	
Phone Numbers	Home: _____ Cell: _____ Work: _____
Email	
No. of Family Members	
Interests of Family (e.g., Music, Drama, Dance etc.)	
Check if you are you interested in volunteering for NYTS: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Your Suggestions for Future Activities	
My Check for \$ _____ is enclosed. (Please Make Check Payable to New York Tamil Sangam)	
_____ Signature	_____ Date

NYTS-Dedicated for Our Community and Our Children

NEW YORK TAMIL SANGAM
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