



நியூயார்க் தமிழ்ச் சங்கம் NEW YORK TAMIL SANGAM

LIFE MEMBERSHIP APPLICATION FORM

I hereby apply for a Life Membership of New York tamil Sangam

Life Membership Fee : \$250 only for a family of four.

Donations Appreciated

First Name	
Last Name	
Address	<hr/> <hr/>
Cell Number	
Alternate Cell Number	
E-Mail	
Alternate E-Mail	
No of Family members	
Interested in volunteering for NYTS :	YES <input type="checkbox"/> NO <input type="checkbox"/>
Suggestions for Future Activities :	
<p>Please make your payments through one of the following modes :</p> <p>Zelle : treasurer@newyorktamilsangam.org PayPal : treasurer@newyorktamilsangam.org Venmo : treasurer@newyorktamilsangam.org</p> <p>My Check for \$ _____ is enclosed. (Please Make Check Payable to New York Tamil Sangam)</p> <p>_____ Signature _____ Date</p>	

NYTS-Dedicated for Our Community and Our Children

NEW YORK TAMIL SANGAM

A Registered, Non-Profit, Tax-Exempt 501 (C) (3) Organization

115 Beach 62nd Street, Unit B, Arverne, NY 11692

Ph : 929-263-2050, E-Mail: contact@newyorktamilsangam.org

Website : www.newyorktamilsangam.com