Telugu Association of Greater Delaware Valley (TAGDV)

(A Non-Profit Organization: A501(c) (4) Organization (IRS EIN# 23-2613781)
956 Masters Way, Harleysville PA 19438
Phone 215-872-4067
www.tagdv.com

MEMBERSHIP FORM

Last Name: _____ First Name _____ MI _____

Spouse Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Email: _____

Home Place in India: _____

Information of Children (Optional):

Name	Age	Gender	Hobbies
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Life membership (includes Husband, Wife and dependent children): $125 ☐

Payment: Check# _____ Amount ($) _____

Mail this form to P.O. Box along with payment & make check Payable to TAGDV.

TAGDV, P.O. Box 1159 North Wales, PA 19454

Note: TAGDV reserves the right to verify the information provided. If TAGDV determines, in its sole discretion, that any individual on this application provides false or misleading information, TAGDV may reject this application.

I certify that all the information that was provided by me in this form is true to the best of my knowledge. I also hereby authorize TAGDV to publish my name, address and home phone number on the TAGDV web and in the TAGDV Directory. At least one signature is required.

_____ _____ _____
Member's Signature Spouse's Signature Date

For TAGDV use only: Date received: _____

Approval date: _____ **Approved by:** _____ **Check Deposit date:** _____

Revised: 1 *Dec* 2017