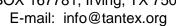


Telugu Association of North Texas (TANTEX)

http://www.tantex.org P.O.BOX 167781, Irving, TX 75016





Membership Application - 2021

LIFE MEMBE	ERSHIP (\$200) ANNU	al Family Membership (\$2	0) ANNUAL INDIVI	DUAL MEMBERSHIP (\$10)	CHANGE OF ADDRESS
Applicant Information					
Full Name:				Da	te:
_	First	МІ	,	Last	
Spouse Name:				Are you above 21	years?
Address:		्र जी	55		50
	Street Address	250000	90 G	Apartment/Unit #	
	City	3)00		State	ZIP Code
Home Phon	e:()	Cell Phone: ()	E-mail:	
	/ 4	Kids (under 18 years	of age) Information	n (Optional)	
0.110	(6)/		1	Jan.	TEDEOTO
S.NO.	NAME	AGE	GENDER MALE	SKILLS/INT	ERESIS
1		2 31/3	FEMALE		
		a face	MALE		
2		2	FEMALE		
3		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	FEMALE	5	
Make check payable to 'TANTEX' and mail this form along with check to: PO Box 167781, Irving, TX 75016 Disclaimer and Signature NOTE: TANTEX reserves the right to verify the information provided. In accordance with and without limitation to TANTEX bylaws, if TANTEX determines, in its sole discretion, that any individual on this application no longer subscribes to the objectives of TANTEX or that false or misleading information was provided, TANTEX 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. If you are paying by credit card or personal check, the TANTEX applicant must be the account holder. Cash is accepted only if the applicant is submitting the form in person at any TANTEX organized events and need to provide additional proof of identification. No Money Orders or Cashier's checks are accepted. Member Consent & Signature (At least one signature is required. Signature is optional if joined online at www.tantex.org): I certify that all the information that was provided by me in this form is true to the best of my knowledge. I hereby authorize TANTEX to publish my name, mailing/physical address, and phone number mentioned herein in the TANTEX Directory. Check here if you don't want to publish your information in the TANTEX directory.					
Member Si	ignature	Sp	oouse's Signature		Date
For TANTEX office use only:					
Date received Method of		mbership ID: ASH ☐ CHECK	Approved by ☐ CREDIT CARE		oroval Date: t Received:
Notes:					