



நியூயார்க் தமிழ்ச் சங்கம் NEW YORK TAMIL SANGAM

MEMBERSHIP APPLICATION FORM

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

**Life Membership: \$250.00 Only. Membership Benefits for a Family of Four
Donations Appreciated.**

First Name	
Last Name	
Address	
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</p> <p>PayPal : treasurer@newyorktamilsangam.org</p> <p>Venmo : treasurer@newyorktamilsangam.org</p> <p>My Check for \$_____ is enclosed. (Please Make Check Payable to New York Tamil Sangam)</p> <p>_____ Signature</p> <p>_____ Date</p>	

NYTS-Dedicated for Our Community and Our Children

NEW YORK TAMIL SANGAM

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

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Website : www.newyorktamilsangam.com