



## TELUGU SAMITI OF NEBRASKA MEMBERSHIP APPLICATION

**WEBSITE:** <http://www.telugusamiti.org>  
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**CHECKS PAYABLE TO:** "TELUGU SAMITI OF NEBRASKA"

**MAIL YOUR APPLICATION TO**  
 P.O.Box.NO. 45224, Omaha, NE, USA 68145  
[treasurer@telugusamiti.org](mailto:treasurer@telugusamiti.org)

YOUR DETAILS	SPOUSE DETAILS
FIRST NAME:	FIRST NAME:
LAST NAME:	LAST NAME:
ADDRESS:	ADDRESS:
CITY: STATE: ZIP:	CITY: STATE: ZIP:
EMAIL:	EMAIL:
PHONE (M) : ( )	PHONE (M) : ( )
PHONE (H) : ( )	PHONE (H) : ( )

DETAILS OF CHILDREN (First & Last Name)	Month/DD/YYYY
#1 :	YEAR OF BIRTH: M: ____ F: ____
#2 :	YEAR OF BIRTH: M: ____ F: ____
#3 :	YEAR OF BIRTH: M: ____ F: ____

ORIGIN DETAILS IN INDIA		
CITY/TOWN/VILLAGE	DISTRICT	STATE

EMERGENCY CONTACT (USA)	EMERGENCY CONTACT (INDIA)
NAME:	NAME:
ADDRESS:	ADDRESS:
PHONE: ( )	PHONE: ( )

Subscribe to TSN Newsletter? : YES: \_\_\_\_ NO: \_\_\_\_  
 Would you like to volunteer? YES: \_\_\_\_ NO: \_\_\_\_  
 Would you like to make your details (Name and Membership type) available on the TSN website? YES: \_\_\_\_ NO: \_\_\_\_

MEMBERSHIP TYPE SOUGHT (TICK ONE)	Founding Patrons \$500	Life Member \$150	Annual Member (yearly) \$25	Student Member (yearly) \$5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If Student:** Name of Institution: \_\_\_\_\_ Student Id: \_\_\_\_\_ Date of Joining: \_\_\_\_\_

PAYMENT DETAILS:	CHECK #	AMOUNT \$:	BANK NAME:

I certify that the above information is accurate to the best of my knowledge.

SIGNATURE: \_\_\_\_\_ NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR TSN OFFICIAL USE ONLY:**

Date application received	Date application approved	Approved by	
Date membership fee received	Membership valid until	Membership Card dispatch date	
Voting rights granted for the year ____ YES: ____ NO: ____		Email added to google groups?: YES: ____ NO: ____	

COMMENTS: