



# NEW JERSEY TAMIL ARTS & CULTURAL SOCIETY

## MEMBERSHIP APPLICATION FORM

Name (first, last) : .....

Spouse(first,last) : .....

Address: .....  
.....  
.....  
.....

Telephone No. (Home): (.....)..... (Work): (.....).....

E. Mail Address: .....

Are you are a parent of our Tamil school student? : yes / no

If yes, give the student(s) name (s) :

(1) ..... (2) .....

(3) ..... (4) .....

(5) ..... (6) .....

Other Family Members :

(1) ..... (2) .....

(3) ..... (4) .....

(5) ..... (6) .....

(7) ..... (8) .....

Interests : .....  
.....

Comments: .....  
.....  
.....  
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Signature : ..... Date : .....

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For Office use only

Committee Recommendation : .....  
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Proposed : ..... Seconded : .....