

Telugu Association of South Florida
(TASF)
MEMBERSHIP FORM

Last Name: _____ **First Name:** _____

Address	Line 1 : Line 2: Apt. or Unit : City : Zip Code :	Would you like to be included in the TASF Address Book, distributed to all TASF members? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone Numbers	Home Number :	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Cell Number (Other) :	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Id		<input type="checkbox"/> Yes <input type="checkbox"/> No
Events	Interested in any TASF organized event? Please check the appropriate boxes? Cultural Events <input type="checkbox"/> Academic Competitions <input type="checkbox"/> Cultural Competitions <input type="checkbox"/> Other _____	<input type="checkbox"/> Cricket <input type="checkbox"/> Tennis <input type="checkbox"/> TT (Table Tennis) <input type="checkbox"/> Volleyball <input type="checkbox"/> American Football
Telugu Movies	Would you like to be notified by e-mail about upcoming Telugu Movies screened in South Florida?	<input type="checkbox"/> Yes <input type="checkbox"/> No