



NAGARATHAR SANGAM OF NORTH AMERICA

(A NON-PROFIT CHARITABLE TAX EXEMPT ORGANIZATION)

18058 Kelly Cave Trail ♦ Dallas ♦ TX 75252 ♦ USA

www.achi.org

NSNA Official Use Only

Date Received: ___/___/___

Accepted Payment

Address List Updated

On-Hold Reason: _____

MEMBER ID: _ - _ - _

NSNA MEMBERSHIP APPLICATION FORM

1 Member Information

Name (Last, First): _____

Profession: _____ Email: _____

Spouse (Last, First): _____

Profession: _____ Email: _____

Children

(1) Name (Last, First): _____ Male / Female Age (optional): _____

Education / Work: _____ Email: _____

(2) Name (Last, First): _____ Male / Female Age (optional): _____

Education / Work: _____ Email: _____

(3) Name (Last, First): _____ Male / Female Age (optional): _____

Education / Work: _____ Email: _____

(4) Name (Last, First): _____ Male / Female Age (optional): _____

Education / Work: _____ Email: _____

2 Contact Information

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _(____)____-____ Mobile: _(____)____-____

3 Background Information

Kovil: _____ Pirivu: _____

Native: _____ Vilasam (optional): _____

4 Membership Type

Life Membership (\$225.00) Annual Membership (\$25.00/year) Full-Time College Student (Free)

5 Payment Options

Check – Make Check Payable to “NSNA”

Mail Checks to NSNA (Hemalatha Senthilkumar), 4112 Dancing Waters Road, Plano, TX 75024 USA

Credit Card

Mastercard Visa

Credit Card Number: _____ Expires: ___ / ___

Name (as it appears on the card): _____

CVC or Security Code: _____

6 Privacy Options: NSNA respects the privacy of its members and non-members and utmost care will be taken to only share information that you have authorized us to do so with strict non-solicitation warnings.

I authorize NSNA to share information from sections [1], [2] and [3] with other NSNA Members

I authorize NSNA to share information from sections [1] and [3] with other NSNA Members

7 Signature: _____

Date: ___ / ___ / ___

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Referred By: _____

Youth Committee: [Y / N]

Contact Email or Phone Number: _____