



SiliconAndhra

The Spirit of Telugu Literature, Culture and Tradition
(A Non-Profit Organization Tax ID # 77-0578707, CA Inc. # 2350815)

Life Membership Form

Name _____

(First Name)

(Last Name)

Address _____ Apt _____

City _____ State _____ Zip _____

e-mail _____ Phone (____) _____

Amount - \$250.00

Mode of Payment: ☐ Cash ☐ Check ☐ Credit Card ☐ Debit Card

Immediate Family Members Details:

Name

Relationship

1. _____

2. _____

3. _____

4. _____

Signature _____

Date _____

For Office use Only

Payment Received Date: _____ Mode of Payment: Cash / Check / Credit Card / Debit Card

Details of Payment: _____

Membership ID #: _____ Date Membership Provided: _____

Processed by: _____ Date: _____



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Life Membership

1. Please provide all the details in the Life Membership Form.
2. Please make your check payable to **SiliconAndhra**.
3. Mail to:

SiliconAndhra

1134 Del Cambre Dr

San Jose CA 95129

4. Immediate family members would include, spouse and unmarried children who are living along with the applicant.
5. Upon receiving the complete amount of membership fee, Membership card shall be posted to the mailing address given in the application.
6. All electronic communication shall be sent to the e-mail address provided in the form, hence please provide an address that is valid.
7. For detailed information please visit www.siliconandhra.org