

TAMIL CULTURAL AND ACADEMIC SOCIETY OF DURHAM

1740 KINGSTON RD. EAST, P.O.BOX #134, PICKERING, ON., L1V 2R2

NON PROFITABLE ORGANIZATION



MEMBERSHIP FORM

Members

First Name: _____ Date: _____

Last Name: _____

Address: _____ City: _____

Postal Code: _____ Email: _____

Telephone: _____ Work: _____

Family Members:

Children's Age

Gender

Name: _____

Name: _____

Name: _____

Name: _____

TALENTS:

Family membership fee per year: \$20.00. Lifetime membership fee per family: \$200.00
Corporate membership fee per year \$50.00. Please make cheques payable to Tamil Cultural Academic Society of Durham.

Payment received by: _____ Cash _____ Cheque No: _____

Date: _____ Receipt No: _____

Membership Number: _____

*Membership is subject to approval of the TCASD board members

*I/We have received and agreed to the terms and conditions of the TCASD Constitution