

# MEMBERSHIP FORM

TRINIDAD & TOBAGO ASSOCIATION OF GEORGIA, INC.

WWW.TNTGA.ORG PHONE: (770) 356 2097

P.O. BOX 370197 DECATUR, GA 30037-4035



## PERSONAL INFORMATION

Full Name:

Birthday Month / Date  Contact No:

Email:

Address:

Membership Type: ☐ Lifetime ☐ \$500

Annual Membership ☐ Family Membership (Parents & Children under 18 Years) ☐ \$50,00

☐ Single ☐ \$30,00

☐ Associate ☐ \$25,00

☐ Student ☐ \$15,00

☐ Senior ☐ \$20,00 (Over 65 years)

Names of Family Members (if applicable)

Spouse

Birthday Month / Date  Contact No:

Children  Age  Birthday Month / Date

Children  Age  Birthday Month / Date

Children  Age  Birthday Month / Date

## PAYMENT INFORMATION

Payment Method: ☐ Zelle ☐ Cash ☐ CashApp ☐ Check

Amount Paid:  Receipt No:

Checks and money orders made payable to TnTGA

CashApp: (770) 356 2097 (TNTGA Assn)

Zelle: (770) 356 2097

Identify payment reason as "membership"

Meetings are held on the 3rd Sunday of each month from 4pm – 6pm

From time to time photographs may be taken at TnTGA events and used as part of our PR reporting and outreach. As a member of the TnTGA, you give TnTGA permission to use any photo or likeness of you solely for the afore-mentioned mentioned purpose.

## DECLARATION

I hereby declare that all the information provided above is true and correct. I agree to abide by the rules and regulations of the organization.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_