



# Tagore Society of Houston

A 501-C(3) Tax Exempt Organization, EIN: 76-0447299  
Address: PO BOX 629, Alief, TX 77411  
Ph: 713-900-6780

## Membership and Donation Form

Name: \_\_\_\_\_

Spouse: \_\_\_\_\_

Children: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, ST: \_\_\_\_\_, Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone (h): \_\_\_\_\_ (c): \_\_\_\_\_

Areas of Expertise for Volunteering: \_\_\_\_\_

Membership Rates: (For Year: \_\_\_\_\_)

•• Family\_Yearly: \$35      •• Single\_Yearly: \$25      •• Student\_Yearly: \$15

•• Life Membership: \$300 (10 yrs)      •• Sustaining Life Membership: \$25/year

•• Patron: \$500      •• Grand Patron: \$1000

•• Donation: \$ \_\_\_\_\_

Total Amount: \$ \_\_\_\_\_      •• Cash      •• Check# \_\_\_\_\_

Please make check payable to **Tagore Society of Houston** and mail to:  
PO BOX 629, Alief, TX 77411

By virtue of membership, I hereby agree to abide by the Constitution and By-laws of the Tagore Society of Houston. .

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

Comments & Suggestions: \_\_\_\_\_

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