

Date Completed:	
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Received by:

	MEMBERS	SHIP APPLICATION	
Membership Class:	Resident:	Own [ ] Business: [ ]	Rent [ ] Non-profit [ ]
Member/Organization	Name		
Person Completing A	pplication (if busin	ness or non-profit)	
Address			
E-mail			
Day Phone	Ev	vening Phone and/or Cell	
Fax			
What's the best way to mail? (Circle one)	o contact you? Do	ay phone, Evening Phone,	Cell or E-
Areas of Interest:			
Special Skills:			
How much time are yoweek? Or hour	_	nit to the neighborhood?	Hours per