



**WASHINGTON HEIGHTS
NEIGHBORHOOD ASSOCIATION**

PO Box 080140 • Milwaukee, WI 53208
Voice Mail (414) 297.9617
whna.net

Membership Application

Date _____

Check One: New Application Renewal

Circle Membership Type:

	<u>1 Yr</u>	<u>2 Yr</u>	<u>3 Yr</u>
Partner/Family	\$25	\$45	\$65
Individual	\$15	\$25	\$35
Fixed Income	\$5	\$10	\$15
Business	\$30	\$55	\$80
Benefactor	\$100	\$200	\$300

For Renewals - please update information for all individuals in your membership.

Address		City	State	Zip
Home/Business Phone (xxx) xxx-xxxx		Year Moved into Heights		
Business Name			Mailing Address (if different from above)	
1	First	Last	Mobile (personal) Phone	
	Email ⁽¹⁾			
2	First	Last	Mobile (personal) Phone	
	Email ⁽¹⁾			
3	First	Last	Mobile (personal) Phone	
	Email ⁽¹⁾			

(1) WHNA will periodically send email notices or announcements of interest to WHNA neighbors, including but not limited to event announcements, notices about situations that affect the neighborhood and promotions offered by Washington Heights businesses. Your contact information will be used only for WHNA business and promotions.

Join Us!	
Tell us you want to volunteer by entering the line number (above) for the interested member next to the area(s) of interest. ⁽²⁾	Committees <input type="checkbox"/> Block Watch & Safety <input type="checkbox"/> Communications (e-newsletter, website) <input type="checkbox"/> Green Committee <input type="checkbox"/> Highlighter Magazine <input type="checkbox"/> Membership <input type="checkbox"/> Housing & Appearance
	Projects/Events <input type="checkbox"/> Boulevard Bash (Aug) <input type="checkbox"/> Easter Egg Hunt (Mar/Apr) <input type="checkbox"/> Spooktacular (Oct) <input type="checkbox"/> Neighborhood Cleanup (Apr) <input type="checkbox"/> Welcome Packets <input type="checkbox"/> Wine/Beer Tasting (Feb/Mar) <input type="checkbox"/> Highlighter Distribution (Qtrly) <input type="checkbox"/> Highlighter Writing (Qtrly)

(2) If you mark an item we will provide your contact information to the committee, event or project chair who will contact you.

For WHNA Use Only			
_____	_____	_____	_____
Date	Ck #/Payment Reference	Amount	Eff Date