



Membership Application

Date _____

Type of Request: New Renewal

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

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

			Business Name:	
Mbr#	First	Last	Email*	Mobile (personal) Phone
1				
2				
3				

* Members who provide an email address will be added to the WHNA e-newsletter distribution list. 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 only be used for WHNA business and promotions.

Address		City	State	Zip
Home Phone		Year Moved Into Heights	Number of Adults _____	Number of Children _____

How can you help out? For each interest use 1 for member 1 above, 2 for member 2 above, etc.

Committee	Events	Activities	Leadership
<input type="checkbox"/> Block Watch/Safety <input type="checkbox"/> Communications/Website <input type="checkbox"/> Green Committee <input type="checkbox"/> Newsletter (Highlighter) <input type="checkbox"/> Housing/Appearance <input type="checkbox"/> Membership	<input type="checkbox"/> Bike Blitz <input type="checkbox"/> Boulevard Bash <input type="checkbox"/> Easter Egg Hunt <input type="checkbox"/> Garden Tour <input type="checkbox"/> Halloween (Spooktacular) <input type="checkbox"/> Home Tour <input type="checkbox"/> Neighborhood Cleanup	<input type="checkbox"/> Baking <input type="checkbox"/> Newsletter Distribution <input type="checkbox"/> Newsletter Writing <input type="checkbox"/> Event Helper <input type="checkbox"/> Phone Calling <input type="checkbox"/> Youth Activities <input type="checkbox"/> Call me	<input type="checkbox"/> Area Representative <input type="checkbox"/> Committee Chair <input type="checkbox"/> Committee Member <input type="checkbox"/> Event Organizer <input type="checkbox"/> Other _____

Other interests/skills you have to offer (line 1 for member 1 from above, line 2 for member 2, etc.)

1	
2	
3	

For WHNA Use Only

_____ Date	_____ Ck #/Payment Reference	_____ Amount	_____ Eff Date
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