



PO Box 080140 • Milwaukee, WI 53208  
whna.net • membership@whna.net

# Membership Application

Date \_\_\_\_\_

Check One:  New Application  Renewal

Circle Membership Type:	1 Yr	2 Yr	3 Yr
Partner/Family	\$30	\$50	\$70
Individual	\$20	\$30	\$40
Fixed Income	\$5	\$10	\$15
Business	\$40	\$60	\$90
Benefactor	\$100	\$200	\$300

For Renewals - Please update information for all individuals in your membership

Record Membership Amount Below

Address		City		Membership	\$ _____
Landline Phone (xxx) xxx-xxxx		Year Moved into Heights	State	Donation	\$ _____
			Zip	Total	\$ _____

List all adults in your household

	First	Last	Mobile Phone
<b>1</b>	Email <sup>(1)</sup>		Contact me to volunteer <input type="checkbox"/> Yes <input type="checkbox"/> No
	First	Last	Mobile Phone
<b>2</b>	Email <sup>(1)</sup>		Contact me to volunteer <input type="checkbox"/> Yes <input type="checkbox"/> No
	First	Last	Mobile Phone
<b>3</b>	Email <sup>(1)</sup>		Contact me to volunteer <input type="checkbox"/> Yes <input type="checkbox"/> No
	First	Last	Mobile Phone

Complete for Business Membership Only

Business Name	Business Address (if different from above)
Contact (first name)	Contact (last name)
Phone	Email <sup>(1)</sup>

(1) WHNA will periodically send email and text 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.

Additional Information/Suggestions/Comments:

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For WHNA Use Only

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