



**(Name) Neighborhood Association
Membership Form**

As a resident within our neighborhood, we want you to be a member. Becoming a member costs nothing, and your voice will be heard. Please fill out the form and return to the address listed below. Each person must complete a separate application. Members are allowed one vote only. Members in the neighborhood association include residents and businesses. If you have questions about being a member or the association, please see the bi-laws.

Name: _____

Street Address: _____

Mailing Address: _____
If different from above. _____

Phone: _____

Email: _____

We will not release your information without your permission. It is important that you fill out all of the application, because it is easiest to contact you by email. Our neighborhood does not charge dues, and mailing is expensive.

Issues I am interested in: _____

Areas I want to volunteer in: _____

I currently reside within the boundaries of **(Name)** Neighborhood Association and have done so for a minimum of 30 days. I am 18 years of age or older.

Name: _____ Date: _____

(Name) Neighborhood Association
Address
Bend, OR **Zip**
office@bendneighborhoods.com