



Des Moines Neighbors Membership Renewal Form

Please indicate the type of membership below:

Neighborhood (\$20.00/Year)

Neighborhood Association Name: _____

First Representative Name: _____

Address: _____

Phone: _____ Fax: _____ E-mail _____

Second Representative Name: _____

Address: _____

Phone: _____ Fax: _____ E-mail _____

Other Representatives/Officers:

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

E-mail: _____

E-mail: _____

(If more room is needed please use the back of this form)

Individual (\$15.00/Year per person)

Name of Individual: _____

Address: _____

Phone: _____ E-mail: _____

Please fill out form entirely and enclose along with check payable to:

Des Moines Neighbors

1620 Pleasant Street Suite 233

Des Moines, IA 50314

Retain this portion for your receipt.

Des Moines Neighbors 2010 Membership

Type of Membership: Neighborhood Association Individual

Check No: _____ Check Date: _____ Check Amount: _____

(Membership dues will expire one year from the date of payment)

