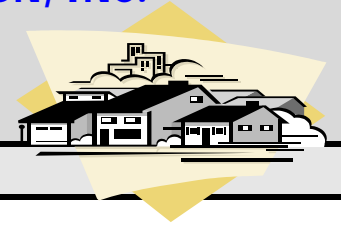


WEST HARRISON NEIGHBORHOOD ASSOCIATION, INC.
21 TAYLOR SQUARE – PMB 111
WEST HARRISON, NY 10604
MEMBERSHIP APPLICATION



PRIMARY APPLICANT

Name:		
Street address:		
City:	State:	ZIP Code:
Email Address:		
Home Phone:	Work Ph:	Cell Ph:

SPOUSE INFORMATION (FOR A JOINT MEMBERSHIP)

Spouse Name:		
Street address:		
City:	State:	ZIP Code:
Email Address:		
Home Phone:	Work Ph:	Cell Ph:

WEST HARRISON BUSINESS OWNER APPLICANT:

Business Owner's Name:		
Business Name:		
Business Street Address:		
City:	State:	ZIP Code:
Business Ph:	Business Email:	

APPLICANT(S) SIGNATURES

The information provided on this form is accurate to the best of my knowledge and intent. I authorize the use of this information to apply for a membership with the West Harrison Neighborhood Association, Inc. (WHNA). To hold a valid WHNA membership, we agree to pay the required annual dues.

Signature of Primary Applicant:	Date:
Signature of Spouse:	Date:
Signature of Business Owner:	Date:

*** 2009 ANNUAL MEMBERSHIP DUES ***

\$20.00 Per Person age 18 – 64 \$15.00 Per Person age 65 or above (Seniors)

Yes, I would like to participate on the following WHNA committees: (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Planning, Architecture and Zoning | <input type="checkbox"/> Traffic, Safety and Crime Watch |
| <input type="checkbox"/> Parks and Recreation | <input type="checkbox"/> Senior Citizens |
| <input type="checkbox"/> Public Works, Utilities and Beautification | <input type="checkbox"/> Membership & Communications |
| <input type="checkbox"/> Building Community and Fundraising | <input type="checkbox"/> Youth Initiatives |

Office Use Only: Received By: _____ **Total Membership Dues Paid:** \$ _____

Date: _____ **ID#:** _____ **Payment Method:** Cash: _____ Check #: _____

Donor Name: _____ **Donation Amt:** \$ _____ Cash: _____ Check #: _____