

MILLER'S POINT NEIGHBORHOOD ASSOCIATION MEMBERSHIP APPLICATION



Miller's Point
NEIGHBORHOOD ASSOCIATION, INC.
The Power of Innovation, Community Engagement, Neighbors Who Care
Converse, Texas

APPLICANT INFORMATION

Name: _____

Spouse's Name: _____

Other Adults in household: _____

Current Address: _____ City/State/Zip Code: _____

Own Rent (please check one)

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Contact me via (check all that apply): Home Phone Cell Phone Email Mail

May we send text notifications to the cell phone you provided for meetings and upcoming events? Yes No

OPTIONAL INFO

The information below are requested to help us plan for events in the neighborhood and our newsletter.
The information will NOT be used for any other reason.

Please list number of children in household per age:

_____ (0-5) _____ (6-11) _____ (12-14) _____ (15-18)

Anniversary Dates: _____

Birthdates (month/day): _____

INTEREST(S)

If you or your family are interested in serving on the board or any of the committees shown below, please check the coordinating boxes. Someone will contact you with more details.

OFFICERS:

President Vice President Secretary Treasurer Parliamentarian

COMMITTEES:

Block Captain Beautification Brush/Trash Pickup Budget/Audit
 Social Media Crime & Safety Social Events

SIGNATURES

Signature of Applicant: _____ Date: _____

Signature of Spouse: _____ Date: _____

Signature of Other: _____ Date: _____

FOR ADMINISTRATIVE USE ONLY

DUES DONATION / Cash Amount _____ Check # _____ Amount _____ Date _____
 DUES DONATION / Cash Amount _____ Check # _____ Amount _____ Date _____