



Neighbors Network Membership Application Form

Today's Date: _____ Membership Date: _____

Primary Member: (additional members follow)

_____	_____	_____	_____	_____	_____
Salutation	First Name	Initial	Last Name	Male	Female

Primary Address: _____	_____	_____
Street	City/State	Zip code

Secondary Address: _____	_____	_____
Street	City/State	Zip code

_____	_____	_____
Home phone	Cell phone	E-mail address

Other Household Members:

_____	_____	_____	_____	_____	_____
First Name	Initial	Last Name	Male	Female	

_____	_____	_____	_____	_____
First Name	Initial	Last Name	Male	Female

Membership Fee: Annual Individual: \$375 (~~\$300~~) Annual Household: \$500 (~~\$400~~)

NOTE: Enjoy a 20% discount when membership is paid annually

Quarterly Individual: \$93.75 Quarterly Household: \$125

YMCA members* receive a \$100 annual Neighbors Network discount

How many people will be included in this Membership? ___ one person ___ 2-3 people

How do you want to pay for your Membership? ___ quarterly ___ annually

How do you want to make your payments? ___ by check ___ by credit card**

NOTES

(* YMCA members: \$100.00 off your annual membership: \$275 individuals, \$400 household, payable annually only)

(** Call us to provide your credit card information.)

Please print this form and mail it to the address below. A Neighbors Network representative will follow up with you soon to answer your questions and complete the application process.

Mail this form to: Neighbors Network, P.O. Box 941417, Maitland, FL 32751

Questions? E-mail annette@neighborsnetworkfl.org or Call 321-209-2775