



Neighbors Network Membership Application

Send no money now... we will contact you and schedule a visit.

Today's Date: _____

Primary Member:

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:

Salutation First Name Initial Last Name Male Female

Salutation First Name Initial Last Name Male Female

COVID-19 vaccinations completed: ___ yes ___ no

Membership Fee:

Individual: \$300 if paid annually, \$375 if paid quarterly (\$93.75 per quarterly)

Household: \$400 if paid annually, \$500 if paid quarterly (\$125 per quarter)

Membership Type:

Individual (1 person): Annual ___ Quarterly ___

Household (2-3 people): Annual ___ Quarterly ___

Please print and mail this form to the address below. Send no money now. A Neighbors Network representative will call you to discuss your interest and our application process.

Mail to: Neighbors Network, P.O. Box 941417, Maitland, FL 32794-1417

Questions? E-mail Patty@NeighborsNetworkFL.org or Call 321-209-2775

Revised 05-24-24