



MEMBERSHIP APPLICATION
(Please Print)

Name _____

Address _____
Street

City _____ Zipcode _____

Home Phone _____ E-mail _____

Optional:
Work Phone _____ Mobile _____

Fax _____

Interests and skills:

_____ Work in my neighborhood _____ Be a leader in my neighborhood
(Distributing materials, GOTV, etc.)

_____ Work at home _____ Speak on behalf of NN
(phone calls, letter-writing,, etc.)

_____ Help with special events

Join a committee:

- Issues
- Outreach
- Membership
- Elections
- Fundraising
- Technology
- Ad Hoc Issue Campaigns

Special issue interests/ Skills:

I support Neighborhood Networks and want to help fulfill its mission. I enclose a check for:

Dues *(\$15 regular; \$5 student/low-income)* \$ _____

Contribution \$ _____

Total \$

Return this form with your check to:

Neighborhood Networks • PO Box 7762 • Philadelphia, PA 19101
Join on-line at www.phillynn.org

Contributions to Neighborhood Networks are not tax-deductible. Labor donated.



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