

Membership Application

□ Individual Membership□ Household/Family Mer□ Senior (62+), Individua	mbership	\$15.00 \$25.00 \$10.00		
☐ Senior (62+), Househo	old Membershi	· ·		
☐ Contribution to DHNA Total Check Amount	(Thank You)			
Total Check Amount				
Name				
Spouse (if household/family	\prime application) $_$			
Home Address				
City		ZIP		
E-mail				
(Helps us alert residents abou	t important topics	s and community mee	etings.)	
Preferred Phone		(circle one)	Home	Cell
Please give us just a little b	it more informa	tion:		
Number of years at the abo	ve address			
Number of years in the Don	າelson-Hermitaç	ge area		
Does your neighborhood ha	ave a Neighbort	nood Group or Hom	eowner's	
Association? (circle one)	Yes N	lo		
If Yes, what is the name? _				
If there is a website, please	share:			
Please make your check pa DHNA, PO Box 8083, Herr				
Date Received	or Executive comn Approved Y	N Initials		
Follow-up:		Information sent:		