

Annual Membership Application
 Annual Registration - \$10.00 Memberships renew in December

Carriagehouse Neighbors

Member Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Mobile Phone	
E-Mail Address	

Other Household Members

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During which hours are you available for volunteer assignments? (Weekdays or Weekends/Morning or Evenings)

Tell us which areas you are interested in volunteering

- | | | |
|---|---|--|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Citizens on Patrol | <input type="checkbox"/> Beautification Committee |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Event Planning (Celebrations, Block Parties, etc.) | <input type="checkbox"/> Membership/Hospitality |
| <input type="checkbox"/> Newsletter/Writing | <input type="checkbox"/> Distributing Newsletter | <input type="checkbox"/> Politics/Civic Activities |
| <input type="checkbox"/> Fresh Veggie Co-op | <input type="checkbox"/> Gardening | <input type="checkbox"/> Book Club |
| <input type="checkbox"/> Sports Viewing | <input type="checkbox"/> Babysitting | <input type="checkbox"/> Small Home Repairs |
| <input type="checkbox"/> Old Movies | <input type="checkbox"/> Computers | <input type="checkbox"/> Music/Singing |

Neighborhood Skills Bank

Do you have skills or services you can offer to help others (paid or free) or need a skill or service provided? (Tutoring, dance, art, cooking, errands, etc.). Please list name and skill.

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Person to Notify in Case of Emergency at Your Home

Name	
Home/Mobile Phone	
E-Mail Address	

*****Secretary/Treasurer Use Only*****

Date Payment Received	
Form of Payment	