



Lincoln Park

Neighborhood Association Membership Application

Name: _____

Address: _____

Day Phone: _____ Other Phone _____

Email: _____ Date: _____ **New or Renewal**

This is our primary way of contacting members

Please circle one

If you do not reside with our neighborhood, which address(es) do you own?

What issues are important to you? _____

Use back if needed

What do you want your neighborhood association to accomplish? _____

Use back if needed

I would like to have an active role in the association by contributing as:

_____ Block Leader

_____ Committee Member __ Urban Planning __ Safety & Crime __ Social

_____ Event Planner

_____ Newsletter

_____ Other: _____

List any skills that you can offer the association: _____

Did anyone recruit you to join the association? Who? _____

I am applying for:

Regular Membership \$15.00 yearly

Amount Paid:

Business Membership \$20.00 yearly

Associate Membership \$ 5.00 yearly

\$ _____

Checks payable to:

Lincoln Park Neighborhood Association or LPNA

1527 N. 4th Street

Springfield IL 62702