



The Association of  
South Jackson Neighborhoods

## Membership Application

Check appropriate Box:

Individual Membership

Association membership

Name of Individual or Association:

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(If Association) Name of contact person:

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Address of individual or contact person:

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Zip \_\_\_\_\_ Ho. Ph: \_\_\_\_\_

Wk Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Email \_\_\_\_\_

Enclosed is my check for \$15 for my annual dues.

Make Check or money order payable to "The Association of South Jackson Neighborhoods" and mail to the address below.