



Application for Membership or Renewal

Organization /Individual Name: _____

Mailing Address: _____

Phone: _____

E-Mail Address: _____

Check to add this address to our e-mail announcements list

President/Chair (for organizations) _____

Mailing Address: _____

Phone: _____

E-Mail Address: _____

Check to add this address to our e-mail announcements list.

Voting Representative _____

Mailing Address: _____

Phone: _____

E-Mail Address: _____

Check to add this address to our e-mail announcements list.

Alternate Representative _____

(Enclose list if additional alternates named)

Mailing Address: _____

Phone: _____

E-Mail Address: _____

Check to add this address to our e-mail announcements list.

Membership Class Requested: Association (\$30.00) Affiliate (\$15.00)

Signature: _____ Date: _____

Mail form and check (payable to Federation of Neighborhoods) to the Federation at PO Box 48162, Athens, GA 30604. Treasurer: Charles Apostolik, cja@ocarium.com