

MEMBERSHIP FORM

Yes, I want to join my friends and neighbors as a member of the Samish Neighborhood Association, a 501(c)(4) non-profit association. I want to be a member who supports and promotes the high quality of life in our neighborhood and in our city. I am enclosing annual payment of dues for April 1 through March 31 of the following year.

Please Print Clearly

Name: _____

Address: _____

Phone: _____

Email: _____

Circle one: \$15 Household \$12 Senior Household

Circle one: Renewal New Member

Send check and this form to SNA, PO Box 5144,
Bellingham WA 98227. Thank you for being a member.