REQUEST FOR MEMBERSHIP FORM

DATE_____

TYPE OF MEMBERSHIP (check one)

____ REGULAR, 1 VOTE PER ASSOCIATION (wholly or partially within D6)

____ ASSOCIATE, NON-VOTING (adjacent to D6)

TYPE OF ASSOCIATION (check one)

____ Neighborhood Association (____recognized ____unrecognized)

____ Business Association

____ Homeowners Association

Name of Association _____

Primary Rep. Name_____

Address_____

Email_____Phone_____

Secondary Rep. Name_____

Address_____

Email_____Phone_____

Third Contact Name_____

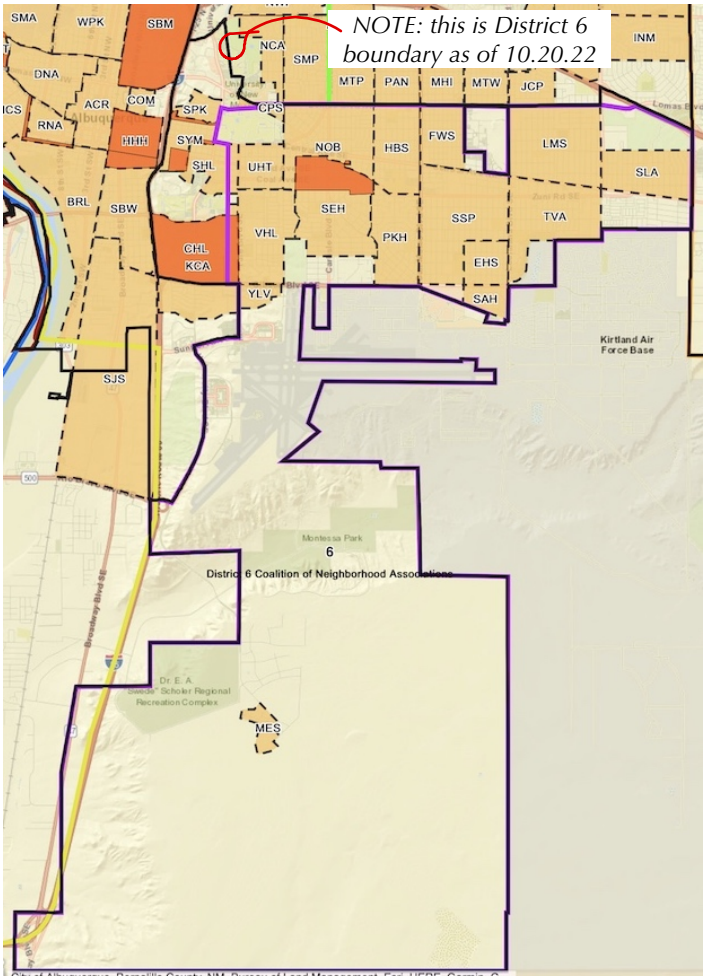
Address_____

Email_____Phone_____

____ NEW MEMBERSHIP

____ RENEWAL

____ DONATION (amount) _____



To make life better for all Citizens of District 6

please keep a copy for your records and mail form, along with donation (if included) to:

District 6 Coalition
P.O. Box 8192
Albuquerque, NM 87198