



# Membership Application

## Local Address

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

## Summer Address

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Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## General Questions

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I am a Registered Voter: \_\_\_\_\_

I would like to volunteer with the IRNA: \_\_\_\_\_

In Which City or Town do you Live: \_\_\_\_\_

In which neighborhood do you live: \_\_\_\_\_

Payment Type (Circle One):                      New Member                      Annual Contribution

Contribution Amount (Circle One):            Individual (\$15)            Family (\$25)            Sponsor (\$50)

Patron(\$100)                      Other: \_\_\_\_\_