



MEMBERSHIP APPLICATION

BROWNSVILLE CIVIC NEIGHBORHOOD ASSOCIATION, INC. (BCNA)

DATE: _____

NEW MEMBER:

RENEWAL/EXPIRED:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____ EMAIL: _____

MEMBERSHIP TYPE: (Residential memberships are per household). Dues are collected Jan 1st. ***Check or Online Donations Only, No Cash.** For online contributions, go to: www.mybcna.com and select the "Donate Now" button.

Select one: all donations cover one (1) calendar year - Jan 1st - Dec 31. The BCNA is not tax exempt):

Resident

1 Year \$25

2 Year \$50

Business Owner

1 Year \$100

2 Year \$175

Stakeholder

1 Year \$30

2 Year \$55

NAME OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

CITY/STATE/ZIP: _____

Become a Volunteer with the BCNA! Eligible for student community service hours!

Please select your area(s) of volunteer service:

- | | | |
|---|---|--|
| <input type="checkbox"/> Make phone calls | <input type="checkbox"/> Distribute flyers | <input type="checkbox"/> Food service (cook/cater) |
| <input type="checkbox"/> IT (graphics, media) | <input type="checkbox"/> Counsel (attorney) | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Public Hearings | <input type="checkbox"/> Youth Activities | <input type="checkbox"/> Senior Activities |
| <input type="checkbox"/> Historic Brownsville | <input type="checkbox"/> Food Distribution | <input type="checkbox"/> Other: _____ |

Express your concerns about the neighborhood:

Would you be willing to write letters and/or make phone calls with the BCNA to resolve your concerns? Yes No

Would you be willing to attend public hearings with the BCNA (either in-person or by video/phone) and provide testimony to resolve your concerns? Yes No

What kinds of activity would you like to see happen in the neighborhood? (i.e. bookbag giveaways, food distribution, toy giveaways, business workshops, homeownership workshops, other seminars)

I, the undersigned, acknowledge that I am a resident homeowner, renter, business owner or concerned citizen/stakeholder of the Brownsville community. I understand that membership donations are non-refundable and must be paid in full to be acknowledged as a voting member in good standing. I further understand that in the event of voting ties in the absence of a majority of resident members at a meeting, the majority of resident members present and in good standing shall prevail regarding matters that impact the neighborhood under the purview of the BCNA.

Signed: _____

Print Name: _____

email applications to:
kkilpatrick@mybcna.com

For dues or to donate, go
to: www.mybcna.com
and select "Donate Now"

For Office Use Only: Check only those that apply

Address Verified:

Dues Paid in Full:

Resident Member:

Business Member:

Effective Date: 01/01/ **Expiration:** 12/31/

Membership ID # _____