

Ryves Hall Neighborhood Association Membership Application

Date: _____

First Name

Middle Name

Last Name

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email: _____

Place of Employment: _____

Please give us some personal information (optional):

Race: _____ Sex: _____ Age: _____ Marital Status: _____

Are you a registered voter? _____ Do you regularly vote? _____

Number of children: _____ Ages of your children: _____

Do your children come to Ryves Hall Youth Center? _____

Please list your interests and hobbies: _____

Please list any other groups or organizations that you have belonged to: _____

What day of the week would be best for you to attend association meetings? _____

What time of day would be best for you to attend association meetings? _____

- ◆ **The boundaries of the association are Ohio Street on the south, Maple Avenue on the north, 7th street on the west and 25th street on the east. To be a full member of the association you will need to reside within the above boundaries. If you live outside of the boundaries you can still participate and help us by becoming a “Friend” of Ryves Hall Neighborhood Association. Please check below you preference.**

_____ I would like to become a member of the Ryves Hall Neighborhood Association

_____ I would like to become a “Friend” of the Ryves Hall Neighborhood Association

_____ I would like to be considered to be an officer (President, Secretary, etc.) of the association.