



COMMUNITY COUNCIL MEMBERSHIP APPLICATION

(one form per applicant)

Memberships are valid from date of purchase through December 31st of same year.

Name: _____ Date: _____
(last) (first)

Mailing
Address: _____
(street address)

(city) (zip)

Phone: (_____) _____ Email: _____

Signature: _____

Check membership type below:

_____ **\$3.00 Resident of Mt. Auburn**

_____ **\$25.00 Non-Resident Property Owner**

Address of Property: _____

_____ **\$25.00 Business or Church Membership**

Name of Business or Church: _____

\$ _____ **Additional amount I'd like to include as a DONATION.**

_____ TOTAL ENCLOSED

Checks Payable to: Mt. Auburn Community Council
Mail Form with Payment (check or money order) to: PO Box 19138, Cincinnati, OH 45219