



COMMUNITY COUNCIL MEMBERSHIP APPLICATION

(One form per applicant)

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

Name _____ Date: _____
(last) (First)

Mailing

Address: _____
(street name and number)

_____ City Zip

Phone: (____) _____ Email. _____

Signature _____

Check membership type below:

_____ **\$10.00 Resident of Mt. Auburn**

_____ **\$20.00 Non-Resident Property Owner**

Address of Property _____

_____ **\$50.00 Business or Church Membership**

Name of Business or Church _____

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

\$ _____ **TOTAL ENCLOSED**

Make Checks Payable to: Mt. Auburn Community Council

Mail Form with Payment (check or money order) to: PO Box 19138, Cincinnati, OH 45219

Revised Jan. 2025