



# ILES PARK NEIGHBORHOOD ASSOCIATION

## Membership Form

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Business Name (optional)

\_\_\_\_\_

Address \_\_\_\_\_

Phone 1 \_\_\_\_\_

Phone 2 \_\_\_\_\_

Email 1 \_\_\_\_\_

Email 2 \_\_\_\_\_

Own home

Rent home

Children & Ages (optional: this helps us plan for children's events)

\_\_\_\_\_

\_\_\_\_\_

I would like to volunteer for \_\_\_\_\_

**Annual membership dues \$10 ★ additional donations welcome**

Make checks payable to: **Iles Park Neighborhood Association**

Send membership form with check to: IPNA  
2016 S 4<sup>th</sup> St  
Springfield, IL 62703