



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
PO Box 13403
Springfield, IL 62791