

SAVANNAH DOWNTOWN NEIGHBORHOOD ASSOCIATION MEMBERSHIP APPLICATION

Welcome to the Downtown Neighborhood Association!

Please complete this form and mail it with your annual dues payment to:

The Downtown Neighborhood Association

P.O. Box 9416

Savannah, GA 31412

Name: _____

Spouse's Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Email** _____

Membership Level: Please check one

Single or Family \$25

Business or Corporate \$35

Patron \$50

Signature

Date

Please include your check, payable to the "Downtown Neighborhood Association"