

**LOWER BEAVER NEIGHBORHOOD ASSOCIATION
MEMBERSHIP FORM**

\$20/YEAR PER HOUSEHOLD

Name(s): _____

Address: _____

Please provide us with the phone # and or e-mail address at which you would like to receive LBNA messages:

Phone: _____ E-Mail _____

New membership/renewal of \$ _____ is enclosed. Cash _____ Check _____

Make checks payable to: Lower Beaver Neighborhood Association (LBNA)

Mail to: Lower Beaver Neighborhood Association (LBNA)
PO Box 31063
Des Moines, Iowa 50310

DUES PAID COVER 12 MONTHS

