

THANK YOU for supporting your neighborhood association!!!!

BROWNCROFT NEIGHBORHOOD ASSOCIATION

P.O. BOX 10127 ROCHESTER, NEW YORK 14610

Membership Means:

Voting Rights

BNA Strength

Benefits

LAST NAME(S): _____
FIRST NAME(S) OF
PERSONS 18 & OVER: _____

ADDRESS _____

ZIP+4 _____ PHONE (585) _____

NUMBER OF RESIDENTS age < 18 _____ age 18-55 _____ age 55 > _____

EMAIL _____

Enclosed is:
Annual Household Membership DUES \$ 10.00

Additional Contribution \$ _____

Cash ___ Chk No _____ TOTAL \$ _____

YES I would like to consider volunteer opportunities
available with the *Browncroft Neighborhood
Association*

Area of Interest: _____

Do you wish to SUBSCRIBE or RENEW to the free **BNA-Announce** emailing list? ___ YES (***Email address required***) ___ NO