YES! I WANT TO BE A MEMBER OF THE HOLLYWOOD/SANTA MONICA NEIGHBORHOOD ASSOCIATION/ENP

Name:			HSMNA ANNUAL DUES
Email:			☐ Individual
Additional household member:			☐ Emeritus (76+)FREE ☐ Associate (no vote)\$30
Additional email:			
Address:			■ Annual: \$200 (Jan – Dec.) ■ Additional Contribution of
Phone:			\$
I am interested in volunteering time to work on the following committees:			PLEASE SELECT ONE
☐ Crime Fighters ENP	☐ Home Tour	☐ Social Events	☑ New Member☑ Renewal
☐ Conservation District	☐ Landscape	☐ Block Captains	\$
☐ Communications	☐ Zoning/Code Enforcement	☐ Membership	TOTAL REMITTED
HSMNA, PO Box 140	•	eceipt, we will send	a check payable to HSMNA to: your HSMNA membership card uestions to: treasurer@hsmna.org
	THANK YOU FOR Y	OUR SUPPORT	Γ!!!!!