



**MIDTOWN NEIGHBORHOOD ASSOCIATION  
MEMBERSHIP APPLICATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Referring Midtown Member \_\_\_\_\_

\_\_\_\_\_ Individual (\$10)      \_\_\_\_\_ Family (\$15)

\_\_\_\_\_ Friend or Business of Midtown (\$25)

**Dues are for the calendar year 2009. Please support the organization by filling out this form and mailing to:**

**Midtown Neighborhood Association  
PO Box 214  
Springfield, MO 65801  
Attn. Membership Dues**