



**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 2010. Please support the organization by filling out this form and mailing to:

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