

Oakridge Neighborhood Association (ONA)

Membership Form



I'm a New Member

I'm Renewing My Membership

Membership Information

Please complete the following information. Unless you indicate otherwise, this information will be included in the ONA Membership Directory.

Member #1

		Do Not Publish
_____		<input type="checkbox"/>
Last Name	First Name	
_____		<input type="checkbox"/>
Street Address		
_____		<input type="checkbox"/>
Home Phone Number		

Member #2* (i.e. spouse, partner, roommate, etc.)

		Do Not Publish
_____		<input type="checkbox"/>
Last Name	First Name	

** According to the Bylaws of the Oakridge Neighborhood Association, each household is entitled to two (2) voting members.*

How would you like to help out in your neighborhood? We are always in need of volunteers to help (in a variety of ways). Please indicate below what you would like to do (i.e. run to the post office with newsletters, help with Christmas decorations, distribute fliers, etc.). Also, feel free to make any other comments (using the back of this form if necessary). Thank you for your support of the ONA!

Please mail this completed form with \$60 annual dues to:

Oakridge Neighborhood Association

PO Box 450145

Garland, TX 75045-0145

<http://www.OakridgeNA.com>