

EUGENE NEIGHBORS INC
P.O. Box 44
Eugene, Or. 97440



EUGENE NEIGHBORS, INC.

NEIGHBORHOOD ASSOCIATION MEMBERSHIP FORM

Organization Name: _____
(If not a recognized neighborhood group) Sponsored by: _____

Authorized representative

Primary representative: _____

e-mail: _____ phone: _____

Address: _____

Alternate representative: _____

email: _____ phone: _____

Authorized signers:

Be it hereby affirmed that at a legal meeting of _____
organization name
on the date: _____ the following person(s) were authorized by the
membership to sign for all disbursements and reimbursement requests.

signature

printed name

and/or

signature

printed name

We acknowledge that the signature(s) will remain valid until ENI receives word from the organization's board invalidating this (these) signatures and authorizing a new signatory.

Dues waived*

Amount dues payment: _____
(regular membership: \$25)

Date received: _____

*dues are waived for
organizations joining
before March 1

by: _____
signature, ENI treasurer

official use: