

HILL 2000, INC. MEMBERSHIP APPLICATION

Please fill out completely and mail to Hill 2000, Inc.
PO Box 39347, St. Louis, MO 63110

NAME(S): _____

ADDRESS: _____

CITY, STATE: _____

ZIP CODE: _____

PHONE: _____

MEMBERSHIP FEE: **\$15.00 PER PERSON**

TOTAL PAID: _____

If there is more than one person living in the household, each person wishing to become a member must pay \$15.00. You may choose to receive only one newsletter or a newsletter for each member in the household. Please state below if you would like more than one newsletter.

_____ One newsletter for the household.

_____ A newsletter for each paid member in the household.

As part of the application process, we have always had the opportunity for people to donate to the Sick and Elderly Program (program provides all hospital equipment and supplies, free of charge, to Hill residents).

Donation to the Sick and Elderly Program. My donation of \$_____ is enclosed.

We also ask that if you have any spare time and would like to volunteer for various activities, please do so on this form and someone will be contacting you.

I would like to volunteer for:

_____ neighborhood spruce-up

_____ fund-raising activities

_____ Events

_____ newsletter

_____ membership drive

_____ neighborhood watch

_____ web development

_____ other (please state any ideas you would like to coordinate for the benefit of the Hill community)

_____ NEW MEMBERSHIP
