

2017 ANNUAL SOUTH CARTHAY NEIGHBORHOOD ASSOCIATION MEMBERSHIP / DIRECTORY INFORMATION



Please complete **LEGIBLY**

ADDRESS IN SOUTH CARTHAY

LAST NAME	FIRST NAME
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HOME PHONE	CELL PHONE	E-MAIL ADDRESS
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LAST NAME	FIRST NAME
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HOME PHONE	CELL PHONE	E-MAIL ADDRESS
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Please include your Mailing Address (If you are a Non-Resident Property Owner)

STREET & NUMBER OR P.O. BOX

CITY	STATE	ZIP
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You must sign and date at the bottom if you wish to be published in the directory.

\$25 Basic Membership. Each Membership entitles adult(s) to
1 vote at the Annual Meeting and 1 Membership directory.

_____ Membership x \$25 = \$_____

**Please make checks payable to:
South Carthay Neighborhood Association**

**Please send your payment to
P. O. Box 35280
Los Angeles, CA 90035**

Do you want your address published in the directory? YES____ NO____

Do you want your e-mail address published? YES____ NO____

Do you want your phone number published? YES____ NO____

If so, which one? Home____ Cell____

I give my permission to SCNA to publish the information as indicated in the directory
to be given only to its members.

_____ (your signature)
(SCNA is a non-profit organization but dues and/or donations are **Not** tax deductable.) _____ (today's date)