

NRGI Normanview Residents Group Inc.

Please print

Membership Application

Family Membership \$10.00

Name: _____

Address: _____

_____ Postal Code: _____

Email: _____

Phone: _____

Second Adult Family Member (18+) with Voting Privilege:

Other Family Members Residing in Same Household:

Would member &/or spouse be willing to Volunteer or work on a
Committee? Yes or No: _____

Interests: _____

For Office Use Only: (proof of vaccination only required for programming operating in schools & City facilities)

Membership #: _____ Full: _____ Associate: _____

Receipt #: _____ Amount Paid: _____

Received by: _____ Date: _____

ID Address Checked: _____ Proof of Vaccination Checked: _____