

CIVIC LEAGUE OF NORTH PORTAL ESTATES (CLNPE) Membership Form

Name(s): _____

Address: _____

NPE Property Address:
(If non-resident) _____

Phone Number(s): _____

Email(s): _____

Notification of meetings/events/activities is done by email. If you require alternate notification, please check box.

Family Members: _____
(Residing at
NPE address) _____

Please list your top three community concerns/interests that could serve as the basis of the **2019-20 CLNPE Program Action Plan**: _____

Are you interested in serving on any of committee areas? If so, please check below:

- Budget/Finance/Fundraising Communications/Directory
 Membership Development Hospitality/Amenities/Special Projects
 Land Use Development/ Infrastructure/Environ Legislative/Regulatory/Safety
 Other (*specify*): _____

*Make checks payable to **CLNPE Dues** and submit form with payment of dues (\$30.00/person for voting purposes)*