

**District 4 Coalition of Neighborhood Associations  
Membership Application**

**Our organization's information for calendar year \_\_\_\_\_ (please print)**

**Type of organization:**            Association            Business            Community Group

Association – Provide the name of the association. (If the boundary is not registered with the ONC, provide the association's boundary separately.)

\_\_\_\_\_

Business | Community Group – Provide the name of the business or group and its street address.

\_\_\_\_\_

\_\_\_\_\_

**Association President | Business/Group Principal:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone / e-mail: \_\_\_\_\_ / \_\_\_\_\_

**Coalition Representative:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone / e-mail: \_\_\_\_\_ / \_\_\_\_\_

**Designated Alternate:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone / e-mail: \_\_\_\_\_ / \_\_\_\_\_

**Prepared by:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Dues are not required as a condition of membership. However, the Coalition incurs annual expenses to conduct business, so a suggested annual donation of \$25 is appreciated. Thank You!

Mail completed form to -

District 4 Coalition of Neighborhood Associations  
P.O. Box 90986  
Albuquerque NM 87199

**OR**

Email completed form to -

ContactUs@D4Cabq.org