

# Burns Lane Residents Alliance Membership Form

Household Name \_\_\_\_\_

Other Household Members \_\_\_\_\_

Street Address \_\_\_\_\_

Email Address(es) \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone(s) \_\_\_\_\_

I reside in the Burns Lane Neighborhood 60 days or more a year.

Signature and Date \_\_\_\_\_

Dues are \$25.00 per household.  
Additional contributions welcome.

Paid Cash    Amount \$ \_\_\_\_\_ Date \_\_\_\_\_

Paid Check    Amount \$ \_\_\_\_\_ Date \_\_\_\_\_ # \_\_\_\_\_

*For Treasurer to Complete*