

Membership Form

Or Join or Renew Online by Credit
Card / PayPal at www.hayesvalleysf.org

Name _____

Address _____

Apt # _____

City _____

State _____

Zip _____

Phone _____

E-mail _____

(HVNA use only)

Please check the appropriate membership category:

___ **Voting Member**

Must reside *within the association's boundaries*, or own property or a business within the association's boundaries (see map).

___ **Associate Member**

Members residing *outside the association's boundaries*.

Membership Levels:

___ Limited Income: \$15

___ Individual: \$25

___ Family/Dual Members: \$35

___ Sponsor: \$100

___ Benefactor: \$250

___ Business Membership: \$100

___ Small Non-Profit: \$50



___ **I am a new member** ___ **I am a returning member**

I am interested in participating in the following activities:

___ Arts, Culture & Entertainment

___ Business Relations

___ Communications

___ Families and Children

___ Greening

___ Neighborhood Safety

___ Support (flyer distribution, mailings, etc.)

___ Transportation and Planning

___ Membership

___ Other _____

Please return with your check payable to
The Hayes Valley Neighborhood Association
At: 400 Grove Street, Suite #3, San Francisco, CA 94102