



**ROSE PARK  
NEIGHBORHOOD  
ASSOCIATION**

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**MEMBERSHIP APPLICATION**

*Please Print Clearly*

DATE: \_\_\_\_\_

**HEAD(S) OF HOUSEHOLD:**

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

**POSTAL ADDRESS:**

\_\_\_\_\_  
Number      Street Name      \_\_\_\_\_  
Apartment / Number / Unit / Suite / Space  
**(if provided, please circle type)**

\_\_\_\_\_  
City      State      Zip

**E-MAIL ADDRESS:**

\_\_\_\_\_  
Account      @      \_\_\_\_\_      .      \_\_\_\_\_  
Domain      com / org / edu / etc.

**TELEPHONE NUMBER:**

( \_\_\_\_\_ ) \_\_\_\_\_ X \_\_\_\_\_  
Area code      Number      Extension (if applicable)      **(Please circle type)**

Mobile / Home  
Work / Other

Return this form for

- \$25 check or money order for Basic Membership Contribution
  - \$35 check or money order for Basic Plus Membership Contribution
- made payable to "RPNA" to:

**ROSE PARK NEIGHBORHOOD ASSOCIATION**  
3350 East 7th St. #140  
Long Beach, CA 90804-5003

Annual membership term corresponds to calendar year, January 1<sup>st</sup> through December 31<sup>st</sup>.

*Thank you for your membership!*