



MEMBERSHIP APPLICATION FORM

Type of Membership Requested (please check one):

Resident Voting Membership \$20/year/person
Non-Resident Non-Voting Membership \$30/year/person

Non-Profit Business Membership \$50/year/organization
Business Membership \$100/year/organization

Today's Date: _____ New Membership Renewal

Your First and Last Name: _____

Name of Business: _____
(if applying for business membership)

Web Address: _____
(for business members interested in having a link to their website included on the DNA website)

Address: _____

City, State & Zip: _____

Phone Number: (____) _____

Email Address: _____

Please mail your check for the membership selected along with this form to:
Downtown Neighborhood Association
P.O. Box 93451
Des Moines, Iowa 50393

If you prefer to pay online, please visit: www.desmoinesdna.com