



**LOWER BEAVER NEIGHBORHOOD ASSOCIATION
MEMBERSHIP FORM**

\$20/YEAR PER HOUSEHOLD

Name(s): _____

Address: _____

Phone: _____

E -mail(s): _____

New membership/renewal of \$ _____ is enclosed.

Date:

Make checks payable to: Lower Beaver Neighborhood Association
(LBNA)

Mail to: Lower Beaver Neighborhood Association (LBNA)
P.O. Box 31063
Des Moines, IA 50310

**DUES PAID DURING THE CALENDAR YEAR ARE
EFFECTIVE FOR ONE YEAR FROM DATE OF PAYMENT**