



**“Building a Better Brownsville”
 MEMBERSHIP APPLICATION**

Name: _____ Renewal (check here) _____ New _____

Address: _____ Home Phone: _____

City and ZIP Code: _____ Work Phone: _____

Email: _____ Fax Number: _____

Affiliation: _____ Cell/Other: _____

Which Trendbender Team would you prefer to serve on? (Circle all that apply)

Health Environment Education

In which capacities are you willing to serve? (Circle all that apply)

Leadership Participation Clerical Assistance Community Public Relations

I am usually available for meetings on (Circle all that apply)

Monday Tuesday Wednesday Thursday Friday Weekends

I am usually NOT available for meetings on (Circle all that apply)

Monday	Tuesday	Wednesday	Thursday	Friday	Weekends
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Resources I can provide:

I suggest _____ as a potential member of Healthy Communities.

Please provide a contact method: _____

Member signature: _____

Date Membership Dues Paid: _____ (\$6.00/yr) Cash Check

Pro-rated _____ on _____ Received by _____