

Become a member!

Yes, I want to work with my neighbors to help build a better Prospect Heights for all of us. Please accept my application for membership in the Prospect Heights Neighborhood Development Council (PHNDC). [Please print clearly.]

Name:				
	First	Last		
Address:				
	Street		Apt.	
	City			
	State		Zip	
Email:				
l represen	t that I am 18 years	of age or greater, and agree to	o comply with the By	-Laws of PHNDC.
Signed:				
Date:				
М	ail this completed a	pplication with a check for \$2	5 annual dues payabl	e to:
	284 Park Place		pment Council	
	Brooklyn, NY	11238		
To	join online, please	visit http://www.phndc.org/jc	oin.	
	a not-for-profit corp donations are fully t	oration registered under secti ax-deductible.	ion 501(c)(3) of the Ir	nternal Revenue Code
PHNDC use	only:			
Received b	y:			
Title:				
Date:				