



Carrollton Riverbend Neighborhood Association

Membership Application

Boundaries: S·Carrollton, River, Parish Line, S· Claiborne

PLEASE PRINT LEGIBLY - THANK YOU

Date_____

NAME _____ Age_____

CURRENT ADDRESS _____

_____ ZIP_____

PHONE # _____ EMAIL _____

Tell us a little bit about your expertise, interests:

Please list your Concerns / Great Ideas for the CRNA neighborhood

Nextdoor Neighbor Member: ___Yes ___No

How long have you lived in the neighborhood: _____

How many other persons in your household: _____(adults) _____(children)

Would you be interested in being a Block Captain? ___Yes ___No

Would you be interested in hosting a First Monday gathering or other small event like a porch party ? ___maybe? ___yes ___no

Please make a voluntary Membership Donation, with check made out to CRNA:

\$10 - 25 Supporter / \$26 -50 Kickstarter/ \$51 - \$100+ Sustainer

Signature_____

*MAIL this form to CRNA c/o Treasurer, Nathan Schwam,
8234 Cohn NOLA 70119*