

DEL AIRE NEIGHBORHOOD ASSOCIATION

MEMBERSHIP APPLICATION

PLEASE PRINT CLEARLY

Full Name _____
Street Address _____
Home Phone _____ E-Mail Address _____

Please mail this membership form and a check for \$20 payable to
"Del Aire Neighborhood Association" to:

*Del Aire Neighborhood Association
P.O. Box 1404
El Segundo, CA 90245-6404*

CHECK BELOW, IF INTERESTED

_____ I am willing to help deliver Del Aire Neighborhood Association newsletters on my street.

_____ I am interested in participating on the Neighborhood Association Board or Committees