

**LINDENWOOD HOMES ASSOCIATION
MEMBERSHIP APPLICATION / DUES REMITTANCE FORM**

First and Last Name(s): _____

Lindenwood Street Address: _____

Home Phone Number: _____

Alternate Phone Number (Optional): _____

E-mail Address (Optional): _____

Remarks (Optional): _____

Please complete and mail this form along with your check for \$40.00 for Regular Membership or \$80.00 for Supporting Membership for the current calendar year to:

Lindenwood Homes Association
P.O. Box 724
Menlo Park, CA 94026-0724

Thank you very much for your support! We look forward to seeing you at upcoming Lindenwood events and activities. Please visit our Website regularly at <http://lindenwoodhomes.org> for the latest Lindenwood news and for a current schedule of planned activities.