

THE CHARLESTOWNE NEIGHBORHOOD ASSOCIATION  
Membership Application

Please fill in the information below:

Please check if a new member: \_\_\_\_\_

Title: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address 1:  
\_\_\_\_\_

Email Address 2:  
\_\_\_\_\_

\*We will use your email address to send you timely notices on crime activity or other important neighborhood issues. Your address will not be shared.

Please list your Charleston address: \_\_\_\_\_

Please make checks payable to:

Charlestowne Neighborhood Association  
PO Box 548  
Charleston, SC 29402-0548

One-year renewal (\$25 dues per couple): \_\_\_\_\_  
Two-year renewal (\$50 per couple): \_\_\_\_\_  
One-year renewal (\$15 dues per individual): \_\_\_\_\_  
Two-year renewal (\$30 per individual): \_\_\_\_\_  
Contribution: \_\_\_\_\_