



## Avalon Hills Civic Association Membership Form for 2024

Please type or print clearly using CAPITAL letters.

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|           |               |                      |
|-----------|---------------|----------------------|
| Last Name | First Name #1 | Spouse/Other Name #2 |
|-----------|---------------|----------------------|

\_\_\_\_\_

|              |              |               |
|--------------|--------------|---------------|
| Home Phone # | Cell Phone#1 | Cell Phone #2 |
|--------------|--------------|---------------|

\_\_\_\_\_ Indianapolis, IN 46220  
Mailing Address

Person #1 Email Address \_\_\_\_\_

Person #2 Email Address \_\_\_\_\_

Would you be willing to serve on the Board of Directors in 2024? This entails attending up to two meetings a year. If interested, check YES.

If interested, please list your name \_\_\_\_\_

Please send the completed form with a check in the amount of \$125.00 payable to:

Avalon Hills Civic Association  
5868 East 71<sup>st</sup> Street  
Suite E -332  
Indianapolis, IN 46220.

Thank you for supporting your Avalon Hills Civic Association.