

SLRA Membership Application / Renewal **New or Renewal (circle one)**

Name(S): 1. _____ 2. _____

Number of Children: _____ Ages: _____

Street Address: _____

City: _____ ZIP code: _____

Telephone (home) _____ (work) _____

FAX Number* _____ E-mail address: _____

(*supply only if it is ok to send notices or flyers via FAX)

Occupation(s) Please mark the most appropriate category(ies) with the number of the resident above. If resident 1 is a teacher and resident 2 is an attorney, please put "1" by Educator and "2) by Law. If retired, please mark the most appropriate category(ies) and "Retired".

___ Design (Landscape Architecture, Architect, Planner, Structural Engineer, etc.)

___ Law (Attorney, Judge, Court Employee, etc.)

___ Law Enforcement (Police, Sheriff, Parole Officer, etc.)

___ Publicity (Writer, Publicist, Advertising, Public Relations, Film Industry, etc.)

___ Education (Teacher, Librarian, Aide, Principal, etc.)

___ Realtor

___ Health Care (Doctors, Nurses, Aides, Medical Administrators, Therapists, etc.)

___ Other ___ Retired ___ Homemaker

___ Computer Professional (Programmer, Analyst, Web Designer, Systems Engineer, etc.)

Areas of Concern/Interest: Please mark areas of particular concern/interest to you.

___ Reservoir ___ Security/Crime ___ Traffic ___ Planning & Development` ___ Graffiti ___

Historic Preservation ___ Recreation Center ___ Schools ___ Noise ___ Beautification___

Other _____

Dues are \$15.00 per year per household. Checks should be made payable to:

Silver Lake Residents Association, Inc. and mailed to PO Box 39587, Los Angeles, CA. 90039

Amount Enclosed: _____ **(extra donations are welcome !!)** **Date:** _____