

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: _____

Phone: _____

Email Address 1:

Secondary Name: _____

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 if different from above:

Please make checks payable to:

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

Annual Renewal (\$50 per household): _____

Additional Contribution: _____

NOTE: The Charlestowne Neighborhood Association is a 501c4 organization. Membership dues and contributions are not deductible as charitable for federal income tax purposes.