



A Community Network of Support

4901 Connecticut Ave., N.W.
Suite 277
Washington, DC 20008
202-777-3435
www.nnvdc.org

Application for Three-Month Trial Membership

Please print

Date: ___/___/___
mo/day/year

Name(s): _____

Address: _____

Zip Code: ___ ___ ___ ___

Date(s) of Birth: ___/___/___
mo/day/year

Home Phone: _____ Cell Phone: _____

E-mail: _____

Three-Month Trial Membership:

Monthly Payment \$55/month Individual

(by credit card only) \$80/month Household

Credit Card

(Visa/MasterCard):

Card Number: _____

Expiry: ___/___ CCV: _____

Yes, please publish my name, address and phone number in the NNV Directory.

No, I do not want my information published.

I agree that NNV may use photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Yes No

Local Emergency Contact:

Name: _____ Relationship: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone (Home): _____ Phone (Cell): _____

Email: _____

Name of neighbor who has key to home:

Name: _____ Relationship: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone (Home): _____ Phone (Cell): _____

Email: _____

Family Contact 1:

Name: _____ Relationship: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone (Home): _____ Phone (Cell): _____

Email: _____

Family Contact 2:

Name: _____ Relationship: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone (Home): _____ Phone (Cell): _____

Email: _____

Family Contact 3:

Name: _____ Relationship: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone (Home): _____ Phone (Cell): _____

Email: _____

NNV reserves the right to reach out to the above mentioned contacts to inform them of NNV events and updates.