



## The Association of South Jackson Neighborhoods

### Membership Application

Name: \_\_\_\_\_

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

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

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

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

Neighborhood Association or Organization that you are affiliated with:

\_\_\_\_\_

Enclosed is my check in the amount of \$ 15.00 for my Annual Dues.

Make checks payable to: The Association of South Jackson Neighborhoods

---

Post Office Box 6682 • Jackson, MS 39282-6682