

# NOTICe Membership Form

## Membership Fees

Basic: \$15  
Family: \$25  
Sponsor: \$50 to \$149  
Angel: \$150+

## Please send your completed form and check to:

NOTICe  
P.O. Box 25571  
Alexandria, Virginia 22313  
Attn: Treasurer

Membership Form

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**Name**

**Email**

**Home Address**  
  
Street Address  
  
Apt. Suite, Bldg. (optional)

City  State / Province / Region

Postal / Zip Code  Country

**Home Telephone Number**

**Home Owner's Assn.**

**Work Telephone Number**

**Fax**