



Acceptance of General Membership

The information below is required for minimum membership status and is used ONLY by RHCN.
It will not be distributed further.

Name of Neighborhood Association: _____

President Name: _____

President Street Address: _____ ZIP: _____

Phone: _____ E-mail: _____

President Signature: _____ Date: _____

Person designated to receive RHCN mailings
Complete only if different from above

Name: _____

Street Address: _____ ZIP: _____

Phone: _____ E-mail: _____

If you are applying for GENERAL MEMBERSHIP ONLY, you need not fill out the second part of this form.

Application for Voting Membership

To be completed only if applying for VOTING MEMBERSHIP, in which case a representative from your neighborhood will be required to attend RHCN monthly meetings.

Name of primary representative: _____

Street Address: _____ ZIP: _____

Phone: _____ E-mail: _____

Name of alternate representative _____

Address: _____ ZIP: _____

Phone: _____ E-mail: _____

Return completed form to: **Membership Committee**
c/o Rock Hill Council of Neighborhoods
P.O. Box 11706
Rock Hill, SC 29731