



Prestonwood East 2017 Membership Form

Date Received: _____

Check #: _____

1. Please list your name(s) as you would like to see them appear in the 2017 Membership Directory. (Please PRINT with dark ink or type)

Last Name(s): _____ First Name(s): _____

Address: _____ Email: _____

Home Phone: _____ Cell Phone 1: _____ Cell Phone 2: _____

2. PLEASE CIRCLE "YES" OR "NO" FOR EACH OF THE FOLLOWING: **CIRCLE ONE**

- | | | |
|--|-----|----|
| • Would you like your name(s) to appear in the Directory? | YES | NO |
| • Would you like your phone number to appear in the Directory? | YES | NO |
| • Would you like your email address to appear in the Directory? | YES | NO |
| • Would you like your children's names to appear in the Directory? | YES | NO |

Children's Names (if not applicable, please put N/A): _____

3. I am interested in being on a committee and assisting the Association with the following (check as many as apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Zoning | <input type="checkbox"/> Easter Egg Hunt/July 4 th Parade |
| <input type="checkbox"/> Directory | <input type="checkbox"/> Block Representative | <input type="checkbox"/> PEHA Mom's Club |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Flag Representative | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Crime Watch/VIP Patrol | <input type="checkbox"/> Social Events (Bunco, Dinner Club) | _____ |
| <input type="checkbox"/> Website Administration | | |
| <input type="checkbox"/> Newsletter | | |

4. I can provide the following services for my neighborhood (check as many as apply and give age if under 21):

- | | |
|--|---|
| <input type="checkbox"/> Babysitting | <input type="checkbox"/> Handyman |
| <input type="checkbox"/> Dog Walking | <input type="checkbox"/> House Watching |
| <input type="checkbox"/> Pet Sitting | <input type="checkbox"/> Yard Work |
| <input type="checkbox"/> Tutoring (subject and level): _____ | |
| <input type="checkbox"/> Music Lessons (instrument): _____ | |
| <input type="checkbox"/> Other: _____ | |

5. Give check and form to your Block Rep or mail to:

Fahim Durrani, VP Membership
305 Spring Creek Village, Box #442
Dallas, Texas 75248

2017 Membership Dues: **\$45.00**

I would like to order an address sign (\$10): _____

I would like to contribute additionally to other PEHA projects in the amount: _____

Please make your check payable to PEHA.

Total Paid: _____

6. Email/Privacy Options. PLEASE CIRCLE "YES" OR "NO" FOR EACH: **CIRCLE ONE**

- | | | |
|---|-----|----|
| • I would like to save paper and receive future newsletters electronically? | YES | NO |
| • I would like to receive important neighborhood emails from PEHA? | YES | NO |
| • I give PEHA permission to use my or my family's image in PEHA postings? | YES | NO |