



OLD LAS PALMAS NEIGHBORHOOD ORGANIZATION

**CONFIDENTIAL
NEW MEMBER CONTACT INFORMATION**

Owner/Resident Name(s): _____

Old Las Palmas Neighborhood address(es):

(1) _____ Palm Springs, CA 92262

(2) _____ Palm Springs, CA 92262

Mailing Address:

(If different from Palm Springs address; please indicate when it is to be used)

All year? **OR** _____
between _____ Month _____ and _____ Month _____

Palm Springs Telephone No: _____

Cell or Other Phone: _____

E-Mail Address: Preferred for OLPNO mail _____

Spouse/Partner Phone _____

Spouse/Partner E-Mail: _____

Name/Relationship & Phone

Emergency Contacts: 1) _____
(e.g., someone with access to the property; and/or a relative) 2) _____

Alarm Company: _____

If property is rented full-time, name(s) of residents: _____

Any other pertinent information: _____

Any dogs? Yes # _____ **Cats?** Yes # _____ **Other pets?** Yes # _____

If the property is rented, name(s) of occupants: _____

Date Amount (\$50 or more) Check No.

2012 Membership dues paid: _____ \$ _____

Number (1-3) of OLPNO membership vehicle ID stickers needed: _____

At any time, changes to the above information may be sent by e-mail or mail to:

Doug Donenfeld
Treasurer, OLPNO
PO Box 2658
Palm Springs, CA 92263

Or to the database manager:
e-mail: OLPNOPalmSprings@dc.rr.com