



OLD LAS PALMAS NEIGHBORHOOD ORGANIZATION

CONFIDENTIAL
2012 MEMBERSHIP RENEWAL

Owner/Resident Name(s): _____

Old Las Palmas Neighborhood address(es):

(1) _____ Palm Springs, CA 92262

(2) _____ Palm Springs, CA 92262

Please confirm or update:

E-Mail Address:

(Preferred for OLPNO Communications)

Mailing Address:

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

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

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

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

2012 Membership dues paid: _____ \$ _____

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

Please note below any changes to phone numbers and emergency or other contact information:

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Changes to previously provided contact information may also 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