



Become a part of Capitol Neighborhoods!

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Work Number: _____ Home Number: _____
email address: _____

Capitol Neighborhoods, on occasion, has made its mailing list available, commercially, to those we feel assist the neighborhood. However, we're concerned about your wishes as our member. If you do not want these mailings, check this box:

- Regular Membership: \$20.00
- Additional Household Members: \$10.00
- Business Membership: \$100.00**
- Associate Members: \$20.00
- Sliding Scale Membership: \$ _____

I would like to give more!

- Friends of the Neighborhood: \$50.00
- Something else: \$ _____

Please mail your completed membership form and payment to:

Capitol Neighborhoods, Inc.
P.O. Box 2613, Madison, WI 53701-2613