



## MEMBERSHIP APPLICATION/RENEWAL FORM

TNO-THE NEIGHBOURHOOD ORGANIZATION  
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I hereby apply to be a member of TNO-The Neighbourhood Organization. I agree to comply with the TNO-The Neighbourhood Organization's mission, vision and values

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date: \_\_\_\_\_

Signature \_\_\_\_\_