

Brookline Neighborhood Alliance
Membership Application

Name of neighborhood association _____

President(s) or Chairperson(s): Name, title, address, phone, email

The two delegates who will attend BNA meetings: Name, address, phone, email:

- 1. _____

- 2. _____

Please circle the membership status (1, 2 or 3 below) that describes your association.
Membership criteria to the BNA is described in Article III Membership of the BNA By-Laws.

- 1. **Full membership** in the BNA shall be open to any Brookline neighborhood association that:
 - a. subscribes to the general purposes of the BNA,
 - b. represents neighborhood concerns,
 - c. serves a contiguous geographic neighborhood with at least 30 resident households,
 - d. has an open membership,
 - e. holds a public meeting, after adequate public notice, at least once a year, and
 - f. has at least 13 members.
- 2. A neighborhood association that has fewer than 13 members but is otherwise qualified for full membership may become a **nonvoting provisional member**.
- 3. Other Brookline-connected organizations that do not meet all membership criteria may become **nonvoting associate members**.

Signed by _____

Date _____

Thank you. Please return this information to Sean Lynn-Jones, 53 Monmouth Street, Brookline, Mass. 02446