



**MEMBERSHIP STATUS:**       New                                       Renewal

**RESIDENT MEMBERSHIPS:**       Individual: \$20.00                       Household (2 votes): \$30.00  
 Senior Individual: \$5.00                       Senior Household (2 votes): \$10.00

Name # 1 \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name #2 \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Property in Marigny Address \_\_\_\_\_ ZIP \_\_\_\_\_

Homeowner:    yes        no        Landlord Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

OR

**NON-RESIDENT PROPERTY OWNER:** One Individual with voting privilege \$20.00

**Name of VOTING Property Owner:** \_\_\_\_\_

Property in Marigny Address \_\_\_\_\_ ZIP \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

OR

**NON – RESIDENT BUSINESS OWNER:** One Individual with voting privilege, 50.00

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

**Name of Business:** \_\_\_\_\_

Property in Marigny Address \_\_\_\_\_ ZIP \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Newsletter by U.S. Mail       Newsletter by E-Mail       Willing to volunteer       Receive weekly Eblast

Make checks payable to FMIA and mail to 2401 Burgundy Street, Box 10 New Orleans, LA 70117

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