

**Samarkand Neighborhood Association  
Membership Form**

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

Email (helps keep communication costs low) \_\_\_\_\_

**Please enclose \$5.00 annual dues for each member. Please make checks payable to SNA and mail to SNA, P.O. Box 3612, Santa Barbara, CA 93130-3612.**

**Member directory info:**

- Include all**                       **Exclude address**                       **Exclude phone number**  
 **Exclude email**                       **Do not list**

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