



**Penticton
Neighbourhood
Association**

THE PNA MEMBERSHIP

Membership Information

Full Name

E-Mail

Phone

Address

City

Postal Code

Date of Birth

Gender

**optional*

Comment

Type Of Membership

**Choose your type of membership*

I consent to e-mail
and phone contact

I would like to get a
newsletter

I want to get
involved!

Please return paper form to one of the members of the PNA who will process it and contact you once it has been finalized and entered into our records. Thanks for helping build a stronger community for all!

[Link to our online membership.](#)