



Neighborhood House Membership Card

Yes, I would like to be a member of Friends of Neighborhood House. I will receive information by email/phone/ or newsletter on the services being provided and opportunities of how I can help other people in need.

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

Signature _____ Date _____

Please send information in English _____ or Spanish _____

Neighborhood House: 506 Fourth St. Calexico, CA
(760) 357-6875 www.facebook.com/nhclx fax 760-357-6875