



**River North Residents Association**  
[www.rivernorthresidents.com](http://www.rivernorthresidents.com) [info@rivernorthresidents.com](mailto:info@rivernorthresidents.com)

**APPLICATION FOR INDIVIDUAL MEMBERSHIP**

**Provisions for RNRA Individual Membership**

Any natural person shall be eligible for individual membership if he is at least 18 years of age and lives, or owns residential property that is located, within the boundaries of the Association as set forth in Article II and is not part of, or represented by, a homeowners association. At such time as any individual member's residence becomes part of, or represented by, a homeowners association, the individual's membership shall be discontinued and the homeowners association shall be invited to join the Association. In such cases, the individual member's prorated dues shall be refunded as applicable.

**Part I – Contact Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail: \_\_\_\_\_ Web Site: \_\_\_\_\_

**Part II – Property Information**

Do you Own or Rent your Residence?  Own  Rent \_\_\_\_\_ Multi-Unit Rental Building  Yes  No \_\_\_\_\_  
Single Family Detached Home  Yes  No \_\_\_\_\_ Condominium  Yes  No \_\_\_\_\_  
Town Home  Yes  No \_\_\_\_\_ Homeowners Association  Yes  No \_\_\_\_\_

**I hereby attest that the above information is accurate to the best of my knowledge.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Sponsor Name \_\_\_\_\_ Company \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

**Please print, complete and submit this membership application to the Secretary of the RIVER NORTH RESIDENTS ASSOCIATION Board via fax at (312) 624-7966. Please see enclosed invoice for dues payment instructions. Thank you.**