



UHA II MEMBER DATA SHEET

(Please print legibly. All information will be used for UHA II official business only.)

1. RESIDENT NAME: _____
2. ADDRESS: _____
3. EMAIL: _____
4. CELL PHONE # _____ HOME # _____
5. I ALREADY PAID MY UHA II DUES _____ I PLAN TO PAY MY UHA II DUES _____
6. I PREFER TO MEET ON: Thursday evenings ____ Saturday afternoon ____ Doesn't matter ____
7. COMMITTEE INTERESTS: (please circle your choices)
Block Clubs Communications / Membership Neighborhood Watch Finance
Land Use Neighborhood Schools Nuisances Public Safety Utility Services
8. UHA II SHOULD WORK ON: _____
9. OTHER LOCAL GROUPS I WORK WITH: _____
10. I THINK OUR COMMUNITY IS _____

11. I WILL ATTEND THE AUG. 2ND HEARING: _____ YES _____ NO
12. I NEED A RIDE TO THE AUG. 2ND HEARING: _____ YES _____ NO
13. OTHER COMMENTS: _____

THANK YOU FOR YOUR FEEDBACK AND SUPPORT! PLEASE VISIT UHAWHVP.ORG FOR MORE INFORMATION AND UPDATES.