

# MEMBERSHIP APPLICATION FORM

*Annual Membership Fee: \$5.00 per month per Household.*

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**Mail Completed Application to:**

**MacDowell Community Council**  
c/o Wesley Community Center  
10421 West 7 Mile Rd (at Birwood)  
Detroit, Michigan 48221

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**Name** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Cell** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Date:** \_\_\_\_\_