

MEMBERSHIP REGISTRATION:

The following information is optional and is requested only so we can have an idea of membership demographic. Your information WILL NOT be shared in any capacity.

Name: _____

Address: _____

Phone: _____

Email: _____

Identifying Race: _____

Gender: _____

Membership:

YEARLY: \$5.00
+ 10 hours volunteer service

LIFETIME: \$35.00
+ 10 hours/ year
volunteer service

Would you like to receive email updates?

ADDITIONAL CONTRIBUTION: _____

TOTAL PAYMENT ENCLOSED: _____

HOW YOU CAN VOLUNTEER....

Please check if you are interested in helping with any of the following activities:

- _____ Public Safety Committee
- _____ Membership Committee
- _____ Housing Committee
- _____ Community Clean-ups
- _____ Attend Court Hearings
- _____ Fundraising Committee
- _____ Special Events
- _____ Office Help
- _____ Computer/Technical Help
- _____ Other:

LAWRENCEVILLE



UNITED

4825 Butler Street | Pittsburgh, PA 15201
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MEMBERSHIP APPLICATION

PLEASE FILL OUT OUR SURVEY SO WE KNOW
WHAT YOUR PRIORITIES ARE FOR THE
COMMUNITY.

HAVE YOU/ YOUR FAMILY ATTENDED ANY OF OUR
COMMUNITY EVENTS?

IS THERE A STREET AND/ OR BLOCK THAT YOU
IDENTIFY AS A BLIGHT OR NUISANCE?

If so, please list the most recent:

WHICH ADDITION WOULD YOU LIKE TO SEE **MOST** IN
YOUR NEIGHBORHOOD?

[PLEASE PICK 2]

Additional grocery store

Dog park

Hardware store

More bike friendly amenities (i.e. bike lanes,
paths, racks)

Outdoor recreational facilities

Other:

WHAT IS YOUR MAIN MODE OF TRANSPORTATION?

Bus

Car

Walk

Bike

HAVE YOU EVER BEEN THE VICTIM OF A CRIME?

Did you report it?

HAVE YOU EVER USED 311?

PLEASE LET US KNOW ADDITIONAL CONCERNS OR
COMMENTS YOU HAVE.

Getting to know YOUR neighborhood:

WHICH OF THE FOLLOWING WOULD YOU **MOST** LIKE
TO SEE HAPPEN IN YOUR NEIGHBORHOOD?

[PLEASE PICK 3]

More efficient street cleaning

More youth activities

More businesses

More usable green spaces

Better control of street traffic

More community events and happenings

More demolition of blighted housing

Other:

DO YOU FEEL SAFE WALKING ALONE AT NIGHT IN YOUR
NEIGHBORHOOD?

Yes

No

Sometimes (please explain):

DO YOU HAVE PROBLEMS PARKING ON A DAILY BASIS?

Yes

If yes, where do you live?

No

I have off-street parking available

IS THERE A HOUSE OR BUSINESS THAT YOU IDENTIFY AS
A BLIGHT OR NUISANCE?

Getting to know you:

ARE YOU CURRENTLY A LAWRENCEVILLE UNITED
MEMBER?

HOW LONG HAVE YOU LIVED IN LAWRENCEVILLE?

HAVE YOU DONE IN VOLUNTEER WORK IN
LAWRENCEVILLE?

If so, please list most recent work:

DO YOU CURRENTLY ATTEND YOUR NEIGHBORHOOD
BLOCK WATCH?

If no, why not?

Not interested

Unaware of the event, times, and/ or location?

No time to attend

HOW MANY PEOPLE UNDER 18 RESIDE IN YOUR HOME?

What are their ages?

HOW MANY PEOPLE OVER 18 RESIDE IN YOUR HOME?

DO YOU RENT OR OWN?

WHAT TOP 3 BUSINESS IN LAWRENCEVILLE DO YOU
SUPPORT/ VISIT?