

WILLISTON PARK CIVIC ASSOCIATION MEMBERSHIP APPLICATION – 2026

INDIVIDUAL Voting Membership \$15

COUPLE Voting Membership \$25

FAMILY LAST NAME:

ADDRESS: _____
WILLISTON PARK NY 11596 (or other town) _____
SCHOOL DISTRICT _____

MEMBER #1

FIRST NAME:

THREE NAME:

HOME PHONE: _____ CELL PHONE: _____
EMAIL: _____ @ _____

MEMBER #2
FIRST NAME:

HOME PHONE: _____ CELL PHONE: _____
EMAIL: _____ @ _____

I AM INTERESTED IN THE FOLLOWING AREAS CONCERNING MY COMMUNITY:

TRAFFIC PARKING WILLISTON PARK POOL ZONING &

VARIANCES OPEN SPACES/PARKS RECREATION/OUTDOOR EV.

SAFETY CHILDREN SENIORS CRIME LIBRARY

SAFETY CHILDREN SENIORS CRIME LIBRARY
OTHER: _____

ADDITIONAL COMMENTS:

MAIL COMPLETED APPLICATION WITH
CHECK (*PAYABLE TO WILLISTON PARK CIVIC ASSOCIATION*) TO
WPCA - MEMBERSHIP
PO BOX 358
WILLISTON PARK NY 11596-0358