

**WILLISTON PARK CIVIC ASSOCIATION
MEMBERSHIP APPLICATION - 2019**

MEMBERSHIP TYPE

_____ INDIVIDUAL \$15 _____ FAMILY/COUPLE \$25

FAMILY LAST NAME: _____

ADDRESS: _____, WILLISTON PARK NY 11596

SCHOOL DISTRICT _____

MEMBER #1

FIRST 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 EVENTS _____ 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