

**WILLISTON PARK CIVIC ASSOCIATION
MEMBERSHIP APPLICATION – 2024**

_____ 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: _____

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