

# EAST MARION COMMUNITY ASSOCIATION

## MEMBERSHIP FORM

DATE: \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_ \$25          HOUSEHOLD: \_\_\_\_\_ \$40

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

LOCAL ADDRESS \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PARTNER NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MOBILE NUMBER: \_\_\_\_\_ PARTNER MOBILE \_\_\_\_\_

### PAYMENT:

REC'D BY: \_\_\_\_\_

CASH: \_\_\_\_\_ CHECK #: \_\_\_\_\_

CC#: \_\_\_\_\_ EXP: \_\_\_\_\_ CCV: \_\_\_\_\_

Please mail your check to:

EMCA

PO Box 625, East Marion, NY 11939