

MEMBERSHIP APPLICATION

Georgetown Community Association
P.O. Box 4
Georgetown CT 06829

I and my family or business hereby apply for membership in the Georgetown Community Association.

(Please print)

NAME _____

MAILING ADDRESS _____

TOWN _____ ZIP _____

PHONE _____ E-MAIL _____

NUMBER OF PERSONS IN HOUSEHOLD OVER 18 _____

ANY PROBLEMS OR QUESTIONS AFFECTING GEORGETOWN THAT YOU WOULD LIKE THE ASSOCIATION TO ADDRESS? _____

- I ENCLOSE \$10.00 FOR ANNUAL FAMILY MEMBERSHIP
 - I ENCLOSE \$25.00 FOR ANNUAL BUSINESS MEMBERSHIP
 - I ENCLOSE A DONATION OF _____ (OPTIONAL)
- MAKE CHECKS TO: GEORGETOWN COMMUNITY ASSOCIATION

SIGNATURE

DATE