

2019 Middleridge Civic Association Membership Form

I am a New Resident (Last 6 months)

Street Address: _____ Preferred Telephone: () _____ - _____

Name: Last: _____ Spouse's Last: _____

First: _____ First: _____

Email: _____ Email: _____

COMMUNITY DIRECTORY INFORMATION

Only Members are Listed and Receive Directories; applications must be received by Oct 31st to be included.
If Left Blank; Yes will be assumed

List **NAME and ADDRESS** in the directory? Yes No List **PREFERRED TELEPHONE** in the directory? Yes No
List **EMAIL(s)** in the directory? Yes No

COMMUNITY ACTIVITY: Do you want to receive all MCA Notices and Email Exchange notifications? Yes No
(If Yes, please be sure your email address is listed above)

ASSOCIATION ACTIVITIES: Please indicate your interests to serve by **CIRCLING** activities below.

- **Membership and Communication (See Middleridge website for specific volunteer job descriptions)**

Board Member Yes Section Leader Yes Block Captain Yes
Newsletter writer Yes Community Svc Coord Yes Other _____

- **Neighborhood Watch:** Willing to patrol the community (1-2 nights yearly) Yes

- **Community Activity Planning:**

Halloween Parade Yes Yard Sale Yes Welcoming Committee Yes
National Night Out Yes Feed the Firefighter Yes Movie Night Yes Dumpster Day Yes
Home/Garden Tour Yes Easter Egg Hunt Yes Park Cleanup Yes

High School Seniors (for Scholarship and All Night Grad Party purposes):

Does your household have high school senior(s)? Yes No Please indicate school below)

Robinson ___ Thomas Jefferson ___ Paul VI ___ Home School ___ Other) _____
School Name

- If you have children interested in advertising in the directory, please list them and circle the appropriate code:
1=babysitting 2=pet care 3=yard work 4= snow removal 5= babysitting and can drive

Name: _____ Age _____ Code 1 2 3 4 5

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NOTICE: By attending an MCA event, adults and children consent to being photographed and published.

<u>MEMBERSHIP FEES</u>.....	\$25.00
Community Scholarship Fund donation	\$ _____
All Night "Drug and Alcohol Free" High School Graduation Party donation	\$ _____
Extra Directory (\$2 each)	\$ _____
Donation for Entrance Lighting	\$ _____

Total Fees and Contributions: \$ _____

Please make your check payable to "Middleridge Civic Association"

Please forward this form and the total fees **by Oct. 31st** to your block captain or mail to:
Membership, Middleridge Civic Association, P.O. Box 208, Fairfax Station, VA 22039

For Official Use Only: Received By: _____ Received Date: _____ Cash or Check# _____