

## 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 31<sup>st</sup> 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

Name: \_\_\_\_\_ Age \_\_\_\_\_ Code    1    2    3    4    5

Name: \_\_\_\_\_ Age \_\_\_\_\_ Code    1    2    3    4    5

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

**MEMBERSHIP FEES..... \$30.00**

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. 31<sup>st</sup>** 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# \_\_\_\_\_