

January 1, 2024 – December 31, 2024 (Year 2024)

Middleridge Civic Association Membership Form

☐ I am a New Resident (Last 6 months)

☐ I am a military veteran

Street Address _____

Name: Last: _____ Spouse's Last: _____

First: _____ First: _____

Email: _____ Email: _____

Phone: _____ Phone: _____

COMMUNITY DIRECTORY INFORMATION

Only Members are Listed and Receive Directories; applications must be received by Dec. 31st to be included.

If Left Blank; **Yes** will be assumed

List **NAME and ADDRESS** in the directory? Yes No

List **TELEPHONE NUMBER(s)** 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 Left Blank; Yes will be assumed. 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 Welcoming Yes Other _____

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

- **Community Activity Planning:**

Halloween Parade Yes Yard Sale Yes Park Cleanup Yes
National Night Out Yes Movie Night Yes Feed the First Responders Yes Dumpster Day Yes
Home/Garden Tour Yes Easter Egg Hunt Yes Valentines for Veterans 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 and number of students below)**

Robinson ___ Thomas Jefferson ___ Home School ___ Other School _____
School Name

- **If you have children interested in advertising in the directory**, please list them and circle the appropriate code(s):

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

NOTICE: By attending an MCA activity or 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 future Repair/Replacement of Entrance Sign(s) \$ _____

General Donation \$ _____

Total Fees and Contributions: \$ _____

Please make your check payable to "Middleridge Civic Association"

Please forward this form and the total fees **by Dec. 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# _____