

BRIARWOOD ACTION NETWORK

Building a Stronger Community

P.O. Box 356068

Briarwood, NY 11435

www.briarwoodactionnetwork.com

BriarwoodActionNetwork@gmail.com

Individual/Household Membership Application

Please check one - *New* Membership_____ *Renewal* Membership_____

Today's Date: _____

Name: _____

Address: _____ Apt: _____

City: _____ State: NY Zip Code: _____ - _____

Phone: (Home) _____ (Cell) _____

E-Mail Address: _____

2nd Member Name (*Household Memberships only*): _____

2nd Member Email (*Household Memberships only*): _____

I prefer to be contacted via (*please check one*):: _____ Phone _____ Email _____ Either

DUES ARE FOR ONE CALENDAR YEAR

*****Please make check payable to Briarwood Action Network*****

Membership Type (*Please Check One*):

[] \$15.00 - Individual Membership - available to Briarwood residents age 18 or over

[] \$25.00 - Household Membership - available to households in which there are two persons eligible for individual membership

[] \$12.00 - Individual Member ship - discounted membership available to seniors or students

(Below is for Organization Use Only)

Received by: _____ Payment Method: [] Cash [] Check