



Village of South Floral Park CIVIC ASSOCIATION

Registration Form

Please send all donations and contributions to:

Attn: Civic Association
383 Roquette Ave
South Floral Park, NY 11001

Household Members:

1- First Name _____ Last Name _____ M.I. _____
Sex M / F Email _____
2- First Name _____ Last Name _____ M.I. _____
Sex M / F Email _____
3- First Name _____ Last Name _____ M.I. _____
Sex M / F Email _____
4- First Name _____ Last Name _____ M.I. _____
Sex M / F Email _____

Household Information:

Address: _____ City _____ State _____ Zip _____
Phone _____ Business Phone _____

Please let us know what talent(s), professional skill(s), and/or interest(s) you have:

Are you a small business owner? Yes _____ No _____

If yes, what service or product(s) do you offer? _____

How did you hear about the South Floral Park Civic Association?

Word of Mouth _____ Newspaper _____ Internet _____ TV/Cable _____ Other _____

Yearly Membership dues are \$10.00 per household

DONATION(S):

\$10 _____ \$25 _____ \$50 _____ \$75 _____ \$100 _____ Other _____

_____ I would like more information on the Civic Association. Please call me.

_____ I am NOT interested in joining at this time, but my donation is attached.

_____ I am definitely interested and will attend the next meeting.

