

Civic Association of West Springfield Village

FY2019 Membership Application Form

Please check your Civic Association membership and directory listing preferences in the blocks below. This will assure accurate listing and permit prompt notification of important community issues via e-mail and direct mailing. Fill in your information and mail this form along with your \$10.00 annual dues payable to "CAWSV", P.O. Box 2204, Springfield, VA 22152.

YES NO

- I / We wish to **JOIN or to RENEW** membership in our Civic Association
- I / We would like **NAME and ADDRESS** listed in the next Community Directory
- I / We would like **TELEPHONE NUMBER** listed in the next Community Directory
- I / We would like **EMAIL ADDRESS listed** in the next Community Directory.

If you checked "NO" in the Telephone Number Listed or the Email Address Listed blocks above, your number and/or email address will not be listed in the next Community Directory.

- LAST NAME of Resident: _____

- 1ST NAME of Resident: _____

- 1st and LAST NAME of 2nd Resident: _____

- Address: _____

- Telephone Number (even if you don't want it listed): _____

- Email Address (even if you don't want it listed): _____

Annual membership dues are again \$10.00; please make checks payable to "CAWSV" and please return this form and your dues by 1 October 2018.

Amount Paid: \$_____ Date: _____ Check # _____ or Cash _____