

**Holmes Whaley Lake Civic Association**

Location: 239 Route 292 - Holmes, NY  
Mailing address: P.O.Box 72 - Holmes, NY 12531  
Email: holmes\_civic\_association@yahoo.com  
845-878-6302

Member application (Year:\_\_\_\_\_)

- ( ) **Resident Member** I hereby certify that I am a permanent/semi-permanent member of H.W.L.C.A., resident of the Town of Pawling, and that I am over 18 years of age.
- ( ) **Associate Member** Those who conduct a business or profession within the geographical area covered by the HWLCA, but reside outside the area. Has all the rights and privileges of a resident member.
- ( ) **Honorary Member** Has the same privileges as a resident member except for voting on a motion or at an election
- ( ) **Charter Member** has been a member of HWLCA since its beginning. (Exempt for paying)
- ( ) **Life Member** - Has been a member for 25 years and is over 75. (Exempt for paying)

I understand that, as a dues paying member of H.W.L.C.A., I agree to accept the Constitution/By-Laws in its entirety, a copy of which is available upon request.

The fiscal Year is from October 1 to September 30, membership dues in the amount of: \$ 15.00 for a family or \$ 10.00 for an individual is paid for that period. Monthly meetings are held on the forth Tuesday of the month.

Please make checks payable to Holmes Whaley Lake Civic Association (HWLCA) and mail it with this application to:

HWLCA  
Membership Committee  
P.O.Box 72, Holmes, NY 12531

Name of Applicant: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Physical address: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone Number Day: \_\_\_\_\_ Eve: \_\_\_\_\_

Please list additional family members:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In order for H.W.L.C.A. best serve its members, it is important that you give us your input as to what activities you would like to include. Please use the back of this application to list your interests and hobbies.

In addition to your membership dues, a voluntary donation will be greatly appreciated, this will enable us to continue and expand the activities of the center.

**Please do not write below this line**

Application Receive by: \_\_\_\_\_ Date: \_\_\_\_\_

Dues paid: \$ \_\_\_\_\_ Donation \$: \_\_\_\_\_ Payment Method: \_\_\_\_\_