

Smith Point Peninsula Homeowners Association

P O Box 684
Smith Point, NY 11967

Membership Application

Annual Membership - \$50.

Date of Application: _____

Name: _____ **Name:** _____

(2 voting members per household)

Smith Point Address: _____

Phone: _____

____ Own ____ Rent

Seasonal Alternate Address: _____

Phone: _____

Preferred contact for official organizational notification only:

(Check one)

____ **E-mail:** _____ ____ **US mail**

Smith Point From _____ **To** _____

Alternate From _____ **To** _____

(e-mail notification saves us postage and volunteer time. All e-mails will be addressed as blind carbon copy so your address will be protected)

If you would like to help, select committees of interest.

____ Clean up and Beautification

____ Waterways

____ Parks and Recreation

____ Civic Liaison

____ Historical

____ Quality of Life

____ Special Events (picnics, parties, family day, etc.)

____ Wherever needed

____ Other _____

Suggestions, Ideas, or Dreams: _____

(Continue on reverse side if needed)

Member Sponsor: _____

Do not write below this line

Membership Committee

Date: _____

____ **Member**

____ **Associate Member**

____ **Denied**

Payment: _____ Check _____ Cash

Chairman _____