

Port Jefferson Station/Terryville Civic Association

Membership Application

P.O. Box 371, Port Jefferson Station, New York 11776

pjtca.com

Applicant Information

Name (Please Print) _____
First Last

Member Signature _____ Date of Birth _____ / _____ / 20 _____

Cell Phone # (_____) _____ - _____ Home Phone # (_____) _____ - _____

Current Address (Within UFSD #3) _____

City Port Jefferson Station State NY Zip Code 11776 Email Address _____

Applicant Spouse's Information (Assumes Same Address)

Name (Please Print) _____
First Last

Member Signature _____ Date of Birth _____ / _____ / 20 _____

Cell Phone # (_____) _____ - _____ Home Phone # (_____) _____ - _____

Email Address _____

Applicant Offspring #1 Information (Assumes Same Address)

Name (Please Print) _____
First Last

Offspring Signature _____ Date of Birth _____ / _____ / 20 _____

Cell Phone # (_____) _____ - _____ Home Phone # (_____) _____ - _____

Applicant Offspring #2 Information (Assumes Same Address)

Name (Please Print) _____
First Last

Offspring Signature _____ Date of Birth _____ / _____ / 20 _____

Cell Phone # (_____) _____ - _____ Home Phone # (_____) _____ - _____

*Please use an additional application if greater than two (2) offspring.

This section is for Civic Association Use only.

Membership Type/Count

Single _____ Family _____ Junior _____

Membership Fee

\$ _____

Payment Type

_____ Cash
_____ Check (Check #: _____)

Date of Membership

Approved By: _____

Date: _____