

# *Bucks County Neighbors*

## MEMBERSHIP APPLICATION FORM

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone (optional) \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_  
Moved from: \_\_\_\_\_  
Birthday (month & day): \_\_\_\_\_  
Children \_\_\_\_\_

Please indicate your interest in our activities:

- |   |   |
|---|---|
| <input type="checkbox"/> Arts & Crafts      | <input type="checkbox"/> Golf               |
| <input type="checkbox"/> Book Club          | <input type="checkbox"/> Greeting Cards     |
| <input type="checkbox"/> Bridge             | <input type="checkbox"/> Mah Jongg          |
| <input type="checkbox"/> Bunco              | <input type="checkbox"/> Out to Lunch Bunch |
| <input type="checkbox"/> Cinema             | <input type="checkbox"/> Poker Gals         |
| <input type="checkbox"/> Dining Around Town | <input type="checkbox"/> Poker Guys         |
| <input type="checkbox"/> Euchre             | <input type="checkbox"/> Social Concerns    |
| <input type="checkbox"/> Gardening          | <input type="checkbox"/> Tennis             |
| <input type="checkbox"/> Gas Up & Go        | <input type="checkbox"/> Theater            |

Would you be interested in chairing an activity?

- Yes       No       Maybe later

Would you be interested in becoming a board member?

- Yes       No       Maybe later

Would you prefer to receive your Newsletter via E-mail or regular mail?

- E-Mail       Regular Mail

Where did you hear about Bucks County Neighbors? If a friend, please state their name.

Membership dues are \$30.00 for the period June 1 through May 31.

**To ensure your name and information is printed in our Directory, we must have your application no later than September 30. Our Directory is printed every year in early October. Any application received after 9/30 will not appear in the directory. However, it will appear on our Website Membership listing.**

Forward your check (payable to BCN) along with this form to:

Rheva Katz  
17 Van Artsdalen Drive  
Washington Crossing, PA 18977

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Amount Enclosed: \$ \_\_\_\_\_

Thank you for your interest in Bucks County Neighbors. We look forward to knowing you better.