



# NORTHWEST CIVIC ASSOCIATION OF HICKSVILLE, INC.

HELPING TO PRESERVE THE QUALITY OF LIFE IN NORTHWEST HICKSVILLE SINCE 1951

## MEMBERSHIP APPLICATION

Renewal     New  
Referred By: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Receive Newsletter by E-Mail?     Yes     No

Other Family Members Living in Household: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates to Remember for Newsletter Bulletin Board:  
(Birthday's, Anniversary's etc. use back if needed)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Oil Consortium Member?     Yes     No

**ANNUAL DUES**  
**May 2023 – April 2024**

**Regular Family Membership**  
(Ages 18 to 59)  
\_\_\_\_\_ \$20.00

**Senior Family Membership**  
(Ages 60 and Over)  
\_\_\_\_\_ \$20.00

**Oil Consortium Membership**  
(Non-Civic Area Only)  
\_\_\_\_\_ \$20.00

**Booster Membership**  
\_\_\_\_\_ \$15.00

**Commercial Supporter**  
**Through December 2023**  
\_\_\_\_\_ \$60.00 Minimum

Please Make Checks Payable to the **Northwest Civic Assoc. of Hicksville, Inc.** and mail it with this completed and signed application to: **Northwest Civic Association of Hicksville, Inc., PO Box 378 Hicksville, NY 11802-0378.** Please Do Not Mail Cash. Your cancelled check is your receipt.

The undersigned, being 18 years of age or older and residing at the above address, is/are applying for membership in the NorthWest Civic Association of Hicksville, Inc. Whose purpose is to generally unite the Northwest section of Hicksville that is bound on the North by the center line of 16th Street as extended through the Northern State Parkway, on the East by the center line of Broadway (Route 107), on the South by the Long Island Rail Road, and on the West by the Oyster Bay / North Hempstead Town Line.

As member(s) I / We will work for the general betterment of the community. And will help obtain the objectives of this Association by giving full measure of support to our local and state government by creating and fostering sentiment favorable to Association proposed legislation and by other lawful means. I / We will offer my / our support to these objectives and aims of the Association.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_