Gerritsen Beach Cares, Inc. Membership

April 1, through March 31

Members and supporters please join now!!!

20__ MEMBERSHIP APPLICATION

Members of the organization may be residents and/or merchants of Gerritsen Beach living or doing business within the established confines of the boundaries of Gerritsen Beach Cares, Inc.

CHECK ONE: _____ *$25 Family Membership covers all family members living in the residence.*
_____ *$10 Individual Member*

First Name: _____ Last Name: _____

Address: _____Brooklyn, NY 11229_____Apt: _____

Home Phone: _____ Cell or Work Phone: _____

Please add the following email(s) to GB Cares email list _____

List the names of the other family members covered in the family membership *Over 18yrs*
Only members in good standing at least 18 years of age are eligible to vote.

First Name: _____ Last Name: _____ Yes (or) No
First Name: _____ Last Name: _____ Yes (or) No
First Name: _____ Last Name: _____ Yes (or) No
First Name: _____ Last Name: _____ Yes (or) No

Please write your comments and/or suggestions below:

_____
_____
_____

Amount Enclosed: _____ Total number of members _____ covered in family membership.

Additional Donation (circle one): $25 $50 $100 $250 Other $_____ *Thanks!*

_____Yes, I would like to help out with a GB Cares project or event. Call me to discuss it further.

Signature: _____ Date_____

Make checks payable to: Gerritsen Beach Cares, Inc.

Please mail your membership application to:
2 Cyrus Avenue, Brooklyn, NY 11229 using the enclosed envelope.
If you need more information call 718-648-3745.

It is your membership and support that has helped us to support, maintain and assist many of the organizations and community events in our neighborhood.

Your help and/or involvement is always needed and appreciated. Thank you!!!