

**Bellerose Commonwealth Civic Association**

# Application For Membership

I hereby wish to join the Bellerose Commonwealth Civic Association. Enclosed are my dues for \$7.00 (per family)

Date:   /   /

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

*(Please check one)*

New Member    Active Member

Email Address: \_\_\_\_\_ Telephone: (   )   -

***Please remit check or money order only with this application. Make payable to Bellerose Commonwealth Civic Association  
P.O. Box 260225 Bellerose, N.Y. 11426***

Check # \_\_\_\_\_ or Money Order # \_\_\_\_\_

<p><i><u>BCCA Board Use Only</u></i></p> <p>Date Received:   /   /</p> <p>Board Member Receiving:</p> <p>_____</p> <p>Board Member Initials:</p> <p>_____</p>
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*Cut along the line and retain this bottom half for your records.*

## Bellerose Commonwealth Civic Association Membership Receipt

I joined the Bellerose Commonwealth Civic Association on   /   /   .   Regular BCCA monthly meetings are held at 8:00 P.M. at the Holy Trinity Church located at the corner of Commonwealth Blvd. and 87th Ave. on the first Thursday of each month, except July, August and February.