The New Greenmount West Community Association, Inc.
Affidavit of General Membership / Associate Membership

I, ____________________________, do hereby certify and affirm, under penalty of perjury, that I

☐ am a resident of the community known as Greenmount West.
☐ own property in the community known as Greenmount West.
☐ represent a cultural, social, educational, religious, health or human service institution in the community known as Greenmount West.

Name: ________________________________
Address: ________________________________
City/State/Zip: ________________________________
primary phone: ________________________________
email: ________________________________

I attest that the information stated above is true and accurate and understand that the above information, if misrepresented or incomplete, may be grounds for immediate expulsion from the association and/or penalties as specified by the By-laws of the New Greenmount West Association, Inc. and the Maryland State Department of Assessments and Taxation.

Applicant's Signature __________________________ Date ____________

Anne Clewell, Membership Chair Date ____________

Committees of interest (check on or more)
☐ Anti-displacement
☐ Membership
☐ Arts & Entertainment
☐ Public Safety
☐ Communications
☐ Sanitation
☐ Community Center
☐ Traffic & Parking
☐ Urban Development Planning/Zoning
☐ Youth Empowerment
☐ Education

What is your expertise/professional interest? ______________________________________________________

Annual renewal
date annual dues received by ____________ date annual dues received by
__________
__________
__________

Annual dues received by

__________