

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)

- | | |
|--|--|
| <input type="checkbox"/> Anti-displacement | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Arts & Entertainment | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Public Safety |
| <input type="checkbox"/> Community Center | <input type="checkbox"/> Sanitation |
| <input type="checkbox"/> Urban Development Planning/Zoning | <input type="checkbox"/> Traffic & Parking |
| <input type="checkbox"/> Education | <input type="checkbox"/> Youth Empowerment |

What is your expertise/professional interest? _____

Annual renewal

date	annual dues received by	date	annual dues received by
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____