

ECA 2015 Membership Application

PLEASE FILL-IN THE BLANKS AND CHECK THE APPROPRIATE BOXES

Note: Individual Annual Memberships dues cover the calendar year: January 1 - December 31.

PLEASE PAY BY FEBRUARY 15

_____ Individual Regular Membership \$20 each (or \$30 per couple) \$____
(resident or property owner)

_____ Individual Associate Membership \$20 each \$____
(non-resident or property)

Contributions for Worthy Causes

☐ \$20 ☐ \$50 ☐ \$100 ☐ Other Total Contribution \$____

See ECA website for information on causes ECA has supported.

Total Enclosed \$____

Please make check payable to Eastport Civic Association

☐ Yes! I am interested in volunteering with the ECA.

Please have an ECA Volunteer Coordinator contact me.

Name _____

Spouse _____

Mailing Address _____

Property Address _____

Email _____

(Your email address will enable you to be notified quickly when the need arises.)

Phone: Residence _____

Business _____

☐ **To save our Association the cost of postage, I would prefer to receive the Newsletter via the ECA website. I understand that each member will receive an email with a direct link to the Newsletter each month of publication.**

Please print out this form, fill in the blanks and check the appropriate boxes, and make out your check to the **Eastport Civic Association. If you chose to pay online instead, please initial here.** _____

Please mail this form and your check, if you did not pay online, to:

Eastport Civic Association

PO Box 3539

Annapolis, MD 21403

PLEASE PAY BY FEBRUARY 15

Thanks for your support!