

ECA 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.

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

\$ _____

Individual Associate Membership (\$20 each)
(non-resident)

\$ _____

Contributions for Worthy Causes

\$20 \$50 \$100 Other \$ _____

See ECA website for information on causes ECA has supported

Total Contribution \$ _____

TOTAL ENCLOSED \$ _____

Name

Spouse

Mailing Address

Property Address

Email

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

Phone

(____) ____ - _____ CELL HOME WORK

(____) ____ - _____ CELL HOME WORK

Yes! I am interested in volunteering with the ECA. Please have an ECA Volunteer Coordinator contact me.

All ECA communication is sent by email, so providing an email address (or two for couples) is very important. I understand that each member will receive an email with a direct link to the Newsletter each month of publication.

Make your check payable to the **Eastport Civic Association**.

Please send your completed form to:

Eastport Civic Association
P.O. Box 3539
Annapolis, Maryland 21403

Thank you for your support!