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## 2018 Blue Point Community Coalition New Membership Form *through* January 2019

\*Please make your check *payable to*: **Blue Point Community Coalition**. Send with this form

NAME:     
*First Middle In. Last*

SPOUSE:     
*First Middle In. Last*

ADDRESS:   
*Street #, Street name,*

ZIP:

EMAIL ADDRESS:

ADDITIONAL EMAIL:

PHONE:

ADDITIONAL PHONE:

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### MEMBERSHIP TYPE

- \$25 Individual Annual Membership
- \$35 Family Annual Membership
- \$25 Individual Friend of Blue Point Annual Membership (non-voting)
- \$35 Family Friend of Blue Point Annual Membership (non-voting)

Please Mail Checks to:  
Blue Point Community Coalition  
PO Box 35  
Blue Point, NY 11715