

**KINGS PARK CIVIC ASSOCIATION (KPCA)**

P.O. Box 1243, Springfield, VA 22151

**2018 Membership Form**

**KPCA is open to all Kings Park residents - both home owners and renters. One membership covers all adults in a household for the 2016 calendar year.**

**Two ways to pay:**

1. Complete this form and mail it with your check for \$25 for a regular membership or \$20 for a senior membership (60+ years old) in the enclosed self-addressed envelope to the address above.
2. Pay via PayPal by visiting the KPCA website at [www.kings-park.org](http://www.kings-park.org), click on the KPCA tab, then click the Membership tab and follow the instructions. For further information, contact Marie Cullerton at 703-426-4904 or [mcullerton42@mac.com](mailto:mcullerton42@mac.com)

**Please PRINT clearly and list your name exactly as you would like it to appear in the Directory.** Put an X next to any information that you do not want to appear in the directory.

X

Name: \_\_\_\_\_

No. and Street: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email\*: \_\_\_\_\_ (will not be listed in directory)

*\*By providing my email address, I (we) agree that notice of meetings and other community information may be provided to us via the above e-mail.*

**Youth Job Listing in Directory**

*BB – Babysitting*

*OJ – Odd Jobs*

*HS – House Sitting*

*YW – Yard Work*

*PC – Pet Care*

*SS – Snow Shoveling*

<u>Name</u>	<u>Age</u>	<u>Jobs (Use Above Codes)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Volunteer Opportunities (optional)** Check all those you are interested in:

- Block Captain     
  Beautification     
  Emergency Preparedness  
 Potluck Committee     
  Neighborhood Watch     
  July 4<sup>th</sup> Picnic/Parade  
 Children’s Holiday Party     
  Octoberfest

**Special Needs**

In case of an emergency/disaster would you need special help in relocating to a safe location?

Yes \_\_\_\_\_ No \_\_\_\_\_

In case of an emergency/disaster would you be willing to help an elderly/physically challenged resident? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you registered with the Fairfax County Special Needs Office? Yes \_\_\_\_\_ No \_\_\_\_\_

**Dues – Make check payable to KPCA**

_____ Regular Membership .....	<b>\$25.00</b>
_____ Senior Membership .....	<b>\$20.00</b>
_____ Optional contribution for KP beautification/upkeep .....	\$ _____
_____ Total Enclosed .....	\$ _____