**Bonnie Brae Civic Association**

**Membership Application**

If you would like to join our association, fill in the form below, enclose a check in the amount of

$20.00 for the annual dues, and mail the form and check to:

Bonnie Brae Civic Association

P.O. Box 336

Fairfax Station, VA 22039-0336

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

Spouse/Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ANNUAL DUES**

\_\_\_\_\_\_ YES I have included my dues for the following year:

**VOLUNTEER OPPORTUNITIES**

\_\_\_\_\_\_\_ YES, I would love to be nominated for a position on the Bonnie Brae Board in upcoming years.

\_\_\_\_\_\_\_\_ Yes I know there are many volunteer opportunities and I would love to be an active part of improving my community.

**NEIGHBORHOOD WATCH**

\_\_\_\_\_\_YES, I would like to participate in the Neighborhood Watch Program and volunteer one weekend night per year to help our neighborhood stay safe. We urge you to join our Neighborhood Watch Program. Please indicate below if you would like to participate. You will be contacted by the Watch Coordinator.