



# Sound Beach Civic Association

PO Box 295, Sound Beach NY 11789

## Membership Form

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

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

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

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

School District:    Rocky Point       Miller Place      Date: \_\_\_\_\_

*Please make checks payable to: Sound Beach Civic Association  
and mail to PO Box 295, Sound Beach, NY 11789.*

*Be sure to include this completed form with your check for \$20. Thank you.*