

Bucks County Neighbors

MEMBERSHIP APPLICATION FORM

Name: _____ Spouse: _____
Address: _____ City/State _____ Zip: _____
Phone: _____ Cell Phone _____
E-Mail* _____
Birthday (month & day): _____

*Required for Newsletter & Activities Information

Please indicate your interest in our activities (choose as many as you want):

- | | |
|---|---|
| <input type="checkbox"/> Book Club | <input type="checkbox"/> Dining Around Town |
| <input type="checkbox"/> Bowling* | <input type="checkbox"/> Golf |
| <input type="checkbox"/> Bridge Luncheon | <input type="checkbox"/> History Club |
| <input type="checkbox"/> Bunco | <input type="checkbox"/> Mah Jongg |
| <input type="checkbox"/> Canasta | <input type="checkbox"/> Museum Mavens |
| <input type="checkbox"/> Card Making | <input type="checkbox"/> Out to Lunch Bunch |
| <input type="checkbox"/> Cinema | <input type="checkbox"/> Scrabble* |
| <input type="checkbox"/> Code Names | <input type="checkbox"/> Stitch and Chat |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Theater* |
| <input type="checkbox"/> Day Trippers* | <input type="checkbox"/> Trailblazers (Walking at Tyler Park) |
| <input type="checkbox"/> Designing Women* | <input type="checkbox"/> Worders |

* We need leaders for these activities. If you are interested, please contact Joan Cavanagh at 267-251-5272 jecavanagh@msn.com. Not active until we have a leader.

NOTE: some activities meet over the Summer and some begin in the Fall. Some are currently meeting online and some in-person. For information, see the BCN Newsletter and contact the Activity Leader.

Would you be interested in serving as an Activity Leader or Board Member?

Yes___ No___ Later___

Would you be willing to volunteer your time to help Board Members?

Yes___ No___ Later___

Please tell us your talents and skills (accounting, organizational, computer, etc.): _____

Please tell us how you heard about BCN: _____

Membership dues are \$40 for the period June 1 through May 31.

Please Forward your \$40 check (payable to BCN) along with this form to:

ENID CATE 16 Dillon Way, Washington Crossing, PA, 18977

Signature: _____ Date: _____ Amount Enclosed \$ _____

Thank you! Any questions, please contact Vice President, Membership (below):

Enid Cate 215-595-6922 enidcate@comcast.net
Or Lynn Davis 267-251-3879 lynn.davis45@yahoo.com