

Bucks County Neighbors
MEMBERSHIP APPLICATION FORM

Name: _____ Spouse: _____
Address: _____ City/State: _____ Zip: _____
Phone: _____ Cell Phone: _____
E-Mail (Required for Newsletter & Activities information) _____
Birthday (month & day): _____

New Member _____ Current Member _____ Former Member _____

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

- | | |
|--|---|
| <input type="checkbox"/> Book Club | <input type="checkbox"/> Golf |
| <input type="checkbox"/> Bridge (Luncheon) | <input type="checkbox"/> History Buffs |
| <input type="checkbox"/> Bunco | <input type="checkbox"/> Ladies of the Vineyard |
| <input type="checkbox"/> Canasta | <input type="checkbox"/> Mah Jongg |
| <input type="checkbox"/> Card Making | <input type="checkbox"/> Museum Mavens |
| <input type="checkbox"/> Cinema | <input type="checkbox"/> Out to Lunch Bunch |
| <input type="checkbox"/> Code Names (Online) | <input type="checkbox"/> Spanish Speaking World |
| <input type="checkbox"/> Day Trippers | <input type="checkbox"/> Trailblazers (Walking at Tyler Park) |
| <input type="checkbox"/> Dining Around Town | <input type="checkbox"/> Worders (Online) |
| <input type="checkbox"/> Finding Grandma (Ancestry Research) | |

If you are interested in leading or co-leading an Activity not listed above, please contact Joan Cavanagh at 267-251-5272/ jecavanagh@msn.com or Barbara Oliver, 215-939-0692 bgoliver@me.com

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.

Are you interested in serving as Activity Leader, Board/committee member, or volunteer your time to help either?

Yes _____ No _____ Later _____ Preference: _____

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 Elisabeth Levins: 215-514-1726 Betinha1957@aol.com