

MEMBERSHIP APPLICATION

Attn: Kristine Holloran

Ponkapoag Civic Association

P.O. Box 415

Canton, MA 02021 781.828.1086



Name(s): _____ Date: _____

Address: _____

Number of years at present address: _____ Telephone: _____

Email address(es): _____

Names and ages of children:

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Social Membership – Please send \$100 social dues with this application

Please check here if pool membership is also requested
Initiation fee and pool dues will be payable upon acceptance. Please contact the Membership Director for rates.

The Ponkapoag Civic is a member-driven association. All activities are supported through the members on a volunteer basis, with the expectation that each family will volunteer at some level for at least one activity per year. Social events exist only through the volunteer efforts of the members. As a member, this is your club, and all activities and events depend on your involvement.

Did someone refer you to the Ponkapoag Civic? If so, please state their last name: _____

If not, how did you hear about us?

Please return this completed application to Kristine Holloran, Membership Director, PO Box 415 c/o Ponkapoag Civic Association Canton, MA 02021. Please include check for \$100 Social Dues made payable to The Ponkapoag Civic Assn. Memberships are approved when the board meets the second week of each month. Once your application is received, you will hear back after the next scheduled board meeting.

Please direct any questions to Kristine Holloran at ponkapoagcivic@gmail.com