



Mailing Address: PO Box 734, Hampton Bays, NY 11946
Please make check payable to: Hampton Bays Civic Association

2025 Membership and Support Form

Member Information

___ Single Member* - 2025 Dues - **\$35.00** Additional Support: \$ _____

___ Joint Household* - 2025 Dues - **\$45.00** Additional Support: \$ _____
(with 2nd Household Member*)

Name of Member*: _____

Name of 2nd Household Member*: _____

Address: _____

Email(s): _____ Phone: _____

All communications will be sent via email unless marked here: _____

I want to receive a phone notification of the meetings – mark here: _____

Non-member Information

I want to provide support to the HBCA: \$ _____

Name: _____

Address: _____

Email: _____ Phone: _____

I want to volunteer for HBCA activities. Areas of expertise? _____

*Membership is limited to individuals who reside in, own real property or operate a business in the boundaries of the hamlet of Hampton Bays for at least 90 days and who have paid dues in accordance with Article 17 of the HBCA by-laws. The Board has the discretion to require proof of business operation, ownership or residency. If an individual owns or leases more than one residence or business, said individual is entitled to one membership only.