



# Deep Creek Civic Association Membership Application

NEW  
 RENEWAL  
 UPDATE

Please complete Application with Deep Creek Civic Association Greeter or mail with check to:

**DEEP CREEK CIVIC ASSOCIATION MEMBERSHIP CHAIRPERSON**  
 P.O. Box 512277 — Punta Gorda, FL 33951-2277

Annual Membership Dues are \$14 per Year per Household Membership  
 Please make checks Payable to: **Deep Creek Civic Association**

Contact Information (for mail etc.):

|                       |                             |  |
|-----------------------|-----------------------------|--|
| LISTING NAME:         | FIRST NAME:                 | SPOUSE/PARTNER NAME:   |
| LOCAL STREET ADDRESS: | ADDRESS LINE 2—CONDO/SUITE: | CITY/STATE/ZIP:<br>Punta Gorda, FL 33983                                       |
| LOCAL PHONE NUMBER:   | e-mail ADDRESS:             | LIST IN DIRECTORY?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |

Alternate Contact (for mail etc.):

|                 |  |
|-----------------|--|
| STREET ADDRESS: | PHONE NUMBER:                              |
| CITY:           | STATE: <i>(and Country if not US)</i> ZIP: |

Would you like your neighbors to know a little bit more about you?

|                            |                              |   |
|----------------------------|------------------------------|---|
| LISTING NAME — OCCUPATION: | SPOUSE/PARTNER — OCCUPATION: | FROM (CITY, STATE):                                     |
| LISTING NAME — BIRTH MONTH | SPOUSE/PARTNER — BIRTH MONTH | NUMBER OF SENIOR PARENTS LIVING WITH LISTED NAME? [   ] |
| WEDDING ANNIVERSARY MONTH  | WEDDING ANNIVERSARY YEAR:    | NUMBER OF MINORS IN HOUSEHOLD?<br>[   ]                 |

Would you like to join your neighbors in civic association volunteer work? Indicate area(s) of interest.

- |  |  |
|--|--|
| <input type="checkbox"/> Membership            | <input type="checkbox"/> Beautification      |
| <input type="checkbox"/> General and Greeting  | <input type="checkbox"/> Neighborhood Patrol |
| <input type="checkbox"/> Assemble Welcome Bags | <input type="checkbox"/> Newsletter          |
| <input type="checkbox"/> Deliver Directories   | <input type="checkbox"/> Emergency Phone     |

Do you have any suggestions of other activities or projects the Civic Association might do?

|  |                                     |
|--|-------------------------------------|
| To be Completed by Greeter:  | Date of Application: ____/____/____ |
| Greeted By: _____ NMK Delivered? _____   | Type Application: _____             |
| Payment Received: <input type="checkbox"/> Cash <input type="checkbox"/> Check    Check # _____ Check Date: ____/____/____ |                                     |

|                                       |                 |
|---------------------------------------|-----------------|
| DCCA Registering Member Name: (PRINT) | Street Address: |
|---------------------------------------|-----------------|