

QUEENS CHAPEL CIVIC ASSOCIATION

Membership Application

“A More Vibrant Community”

Please complete the form and attach your \$10 check made payable to QCCA and mail to:

The Queens Chapel Civic Association
P.O. Box 4490
Washington, DC 20017-4490

Membership Application	
First Name (<i>primary</i>)	
Last Name (<i>primary</i>)	
First Name (<i>secondary</i>)	
Last Name (<i>secondary</i>)	
Street Address	
Home phone (<i>optional</i>)	
E-mail (<i>optional</i>)	
Relevant info (<i>please describe any special skills/services you want to bring to the QCCA</i>):	

Confidentiality: The Queens Chapel Civic Association views your personal information as confidential and for the sole use of maintaining membership records.

Signature (*primary*): _____ Date: _____

Signature (*secondary*): _____ Date: _____