

# KINGS PARK CIVIC ASSOCIATION

P.O. Box 1243, Springfield, VA 22151

## 2010 Membership Application

KPCA is open to all residents and non-resident property owners in Kings Park. One membership covers all adults in a household.

**Dues: \$25.00 per household; \$20.00 for senior households.** Optional contribution for entrance beautification upkeep is appreciated.

**Two ways to pay:** (1) Mail your completed form and check in the enclosed envelope; (2) Pay via PayPal by visiting our website at [www.kings-park.org](http://www.kings-park.org) and clicking on the Membership tab. Follow instructions. For further information, contact Donna Stecker at [dojsteck@msn.com](mailto:dojsteck@msn.com) or 703-323-5773.

**Please print clearly and list the name as you would like it to appear in the directory.**

Name: \_\_\_\_\_ Check here for no entry  
No. and Street: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email\*: \_\_\_\_\_ (will not be listed)

*\*In the event a notice of a meeting is required, email is more economical for the association than first class mail, hand delivery, or other physical means. By providing my email address, I (we) agree that notice of meetings may be provided to us via the above e-mail.*

**Youth Job Listing in Directory** (to be published Feb. 2010):

BB – Babysitting                      OJ – Odd Jobs                      HS – House Sitting  
YW – Yard Work                      PC – Pet Care                      SS – Snow Shoveling

<u>Name</u>	<u>Age</u>	<u>Jobs (Use Above Codes)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Volunteer Opportunities** (check those you are interested in):

Block Captain                       Neighborhood Watch  
 Emergency Preparedness                       Beautification and Landscaping  
 Potluck Committee                       4<sup>th</sup> of July Picnic/Parade                       Environmental Comm.  
 Social Committee                       Holiday Parties                       Recreation Committee  
 Other (please specify): \_\_\_\_\_

**Special Needs:**

In case of an emergency/disaster would you need special help in relocating to a safe location?

Yes \_\_\_\_\_ No \_\_\_\_\_

In case of an emergency/disaster would you be willing to help an elderly/physically challenged resident? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you registered with the Fairfax County Special Needs Office? Yes \_\_\_\_\_ No \_\_\_\_\_