

STUYVESANT TOWN-PETER COOPER VILLAGE TENANTS ASSOCIATION

MEMBERSHIP FORM

Please Note: By putting your e-mail address below you are giving the Tenants Association the authorization to add you to the Tenant Update E-Mail list. To protect your privacy, you will have to look for, open and respond to a special confirmation e-mail. You must click through on the link contained therein or you will not receive e-mail.

Please mail this form and check payable to: ST/PCV TA, P.O. Box 1202, New York, NY 10009-1202

Form code - 10-4-Q-Mail-In

LIST ALL NAMES:		PLEASE CHOOSE ONE: <input type="checkbox"/> RENEWAL <input type="checkbox"/> I (WE) AM (ARE) A NEW MEMBER(S) <input type="checkbox"/> \$35 per Apartment <input type="checkbox"/> Additional Donation \$ _____			
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	First Name:		Last Name:		
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	First Name:		Last Name:		
Apt.		Street Address			
Preferred Contact Phone:			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		
Secondary Contact Phone:			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		
Preferred Method of Contact:		<input type="checkbox"/> Phone <input type="checkbox"/> E-Mail <input type="checkbox"/> Postal Mail			
E-mail Address(es)		@		@	

(Optional) VOLUNTEER FORM

We need your input and participation:

Form code 10-4-Q-Mail In

<input type="checkbox"/> Data Entry	
<input type="checkbox"/> Joining a Team in My Building.	
<input type="checkbox"/> Becoming a Building Leader for My Building.	
<input type="checkbox"/> Serving as Zone Leader, coordinating other Building Leaders and leading others.	
<input type="checkbox"/> Special Skill you would like to offer/what you are good at (please write in):	
For Volunteering, please tell us the best time to reach you: (CHECK ALL THAT APPLY:)	Best part of week: <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends
	Best time of day: <input type="checkbox"/> Early Morning (7am -9am) <input type="checkbox"/> Mid Morning (9am – 12pm)
	<input type="checkbox"/> Afternoon (12pm – 5pm) <input type="checkbox"/> Evening (5pm – 7pm) <input type="checkbox"/> Night (7pm - 10pm)
Fax Number:	Fax Location: <input type="checkbox"/> Home <input type="checkbox"/> Work

Mailing Address: P.O. Box 1202, New York, NY 10009-1202
Message Center: (Toll Free) 1-866-290-9036 **URL:** www.stpcvta.org