

MONTGOMERY COUNTY CIVIC FEDERATION

Serving the County since 1925

MEMBERSHIP APPLICATION OR RENEWAL

July 1, 2009 through June 30, 2010

Mail to: William H. Schrader (Treasurer)
12824 Middlevale Lane, Silver Spring, MD 20906
301-946-6545; schraderw@erols.com

Inquiries: Dan Wilhelm (1st VP, Database)
904 Cannon Road, Colesville, MD 20904
301-384-2968; djwilhelm@verizon.net

Name of Organization/Individual _____ Date _____

Number of Households (Approx) _____ Annual Dues (see below) \$ _____
(Make checks payable to **Montgomery County Civic Federation**)

Membership Type	Number of Households	PLEASE CHECK	DUES	Max Number of Delegates	Voting Privileges
Local Association (civic, community, homeowner or municipality. Must represent at least 30 households - not paid members. Cannot be a single local issue group.)	10 to 50		\$25*	1	Yes
	51 to 300		\$45*	2	
	301 to 600		\$65*	3	
	601+		\$85*	4	
Umbrella Association (Two or more local associations. Cannot be single local issue group.)	60 to 500		\$45*	2	Yes
	501 to 1000		\$65*	3	
	1001+		\$85*	4	
Regional or County-Wide Organization (environmental, transportation, or other civic/community).	50+ memberships, not households		\$45*	2	Yes
Individual Associate	(not applicable)		\$20*	1	No
Associate Group (Gov't agency, business, or other organization)	(not applicable)		\$85*	2	No

***A \$5 discount may be taken for each person who elects to receive the newsletter via email – please check e-mail box below.** You can also select less than the allowed number of delegates and pay according to that number. Please provide all the information below regardless of newsletter delivery method. We are planning to produce a membership directory. Please identify whether you want your email address included.

1.	Name*		Phone (H/W)	
	Street		E-mail	<input type="checkbox"/>
	City, State, Zip	Put email address in directory: Yes <input type="checkbox"/> No <input type="checkbox"/>		
2.	Name		Phone (H/W)	
	Street		E-mail	<input type="checkbox"/>
	City, State, Zip	Put email address in directory: Yes <input type="checkbox"/> No <input type="checkbox"/>		
3.	Name		Phone (H/W)	
	Street		E-mail	<input type="checkbox"/>
	City, State, Zip	Put email address in directory: Yes <input type="checkbox"/> No <input type="checkbox"/>		
4.	Name		Phone (H/W)	

	Street		E-mail	<input type="checkbox"/>
	City, State, Zip		Put email address in directory: Yes <input type="checkbox"/> No <input type="checkbox"/>	

*President of applying organization or permanent substitute designated by the president.