

# MEMBERSHIP APPLICATION 2019 – 2020

PLEASE ENTER ALL OF THE REQUESTED INFORMATION

Name of Cooperative (if any) \_\_\_\_\_

Address of Cooperative \_\_\_\_\_

\_\_\_\_\_

Board President \_\_\_\_\_

Name (please print) \_\_\_\_\_ apt. # \_\_\_\_\_

e-mail address (*Important!*) \_\_\_\_\_ telephone \_\_\_\_\_

Management Company \_\_\_\_\_

Managing Agent \_\_\_\_\_

Name (please print) \_\_\_\_\_

e-mail address (*Important!*) \_\_\_\_\_ telephone \_\_\_\_\_

\* \* \* \* \*

Annual dues: \$250.00 payable to:

**“Association of Riverdale Cooperatives & Condominiums”**

Check and completed application should be mailed to:

**Association of Riverdale Cooperatives & Condominiums  
P. O. Box 630 – 033  
Riverdale, NY 10463**

To inform \* To educate \* To advocate