



**MEMBERSHIP APPLICATION
2023 – 2024**

PLEASE ENTER **ALL** OF THE REQUESTED INFORMATION

Name of Co-op/Condo (if any) _____

Address of Co-op/Condo _____

Board President _____
Name (please print) _____ apt. # _____

_____ e-mail address (*Important!*) _____ telephone _____

Management Company _____

Managing Agent _____
Name (please print) _____

_____ e-mail address (*Important!*) _____ telephone _____

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Annual dues: **\$300.00** 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

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To educate

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To advocate