



MailingAddress: PO Box 734, Hampton Bays, NY 11946
Please make the check payable to: Hampton Bays Civic Association

2026 Membership and Support Form

Member Information

___ Single Member* - 2026 Dues - **\$40.00** Additional Support: \$ _____

___ Joint Household* - 2026 Dues - **\$50.00** Additional Support: \$ _____
(with 2nd Household Member*)

Name of Member*: _____

Email: _____ Cell Phone: _____ Other _____

Hampton Bays Address: _____

Mailing Address: _____

Name of 2nd Household Member*: _____

Email: _____ Cell Phone: _____ Other _____

Non-member Information

I want to provide support to the HBCA: \$ _____

Name: _____

Address: _____

Email: _____ Phone: _____

I want to volunteer. My areas of expertise: _____

*Membership is limited to individuals who reside in, own real property or operate a business in the boundaries of the hamlet of Hampton Bays for at least 90 days and who have paid dues in accordance with Article 17 of the HBCA by-laws. The Board has the discretion to require proof of business operation, ownership or residency. If an individual owns or leases more than one residence or business, said individual is entitled to one membership only.