

Fire Island Year Round Residents Association

2026-2027 Membership Application

Name (s): _____

Mailing Address: _____

Beach Address: _____

Phone Number: _____ **Cell Phone:** _____

E-Mail Address: _____

Years Living Year Round: _____

Current permit Holder Yes/ No

Check one

- ☐ **Applying for Full Membership**
- ☐ **Associate Membership**
- ☐ **Renewal**

**DUES ARE TWENTY DOLLARS (\$20.00) PER PERSON,
ANNUALLY**

Please mail check or money order to:

**Fire Island Year Round Residents Association
P.O. Box 305
Ocean Beach, NY 11770**