

# **Fire Island Year Round Residents Association**

**2023-2024 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**