Hicksville Gardens Civic Association

PO Box 624, Hicksville, NY 11802

(516) 499-8207

Website: www.HGcivic.org **E-Mail: Info@HGcivic.org**

2012 - OIL CONSORTIUM APPLICATION

Regular Membership - The HGCA is a non-profit, volunteer member, homeowner community association located within the Hamlet of Hicksville, New York. Our area of representation includes all residences South of Old Country Rd., West of South Oyster Bay Rd., East of Jerusalem Ave. and North of Bloomingdale Road and Scooter Lane.

Associate Membership - If you reside outside of our area of representation you may be eligible for membership as an Associate Member. Associate Members enjoy the same benefits as our Regular members including our informational emails, community updates in our monthly reports, an invitation to our ***FREE*** annual picnic and eligibility to join our Oil Consortium. Associate Members are not eligible to vote in HGCA matters, however, they can vote to select an Oil Consortium provider company.

Oil Consortium Membership - Open to both Regular and Associate members who ***must*** reside in Hicksville.

The HGOC oil contract period is from July 1st to June 30th.
You must be out of contract with your current oil company by June 30th to join the HGOC.
Check the terms of your contract with your oil company to avoid any early termination fees.

Check One: ☐ **New Oil Consortium Member** ☐ **Renewing Oil Consortium**

You MUST be a member of the HGCA to be a member of the Hicksville Gardens Oil Consortium (HGOC)

Check One:
- ☐ **I am currently a Regular Member of the Hicksville Gardens Civic Association**
- ☐ **I am currently an Associate Member of the Hicksville Gardens Civic Association**
- ☐ **I hereby apply for membership in the Hicksville Gardens Civic Association**

What type of membership are you applying for? (see membership descriptions above)
- ☐ **Regular Membership**
- ☐ **Associate Membership**

Last Name: _____ **Referred by:** _____

First Name 1: _____ **E-Mail 1:** _____

First Name 2: _____ **E-Mail 2:** _____

_____
(Street Address) **(City)** **(State)** **(ZIP)**

Phone 1: _____ **Phone 2:** _____

Do you wish to receive copies of our monthly reports (meeting minutes)? Yes: _____ **No:** _____

If yes, how do you prefer the reports sent to you? **Email:** _____ **Hard Mail:** _____

For Office Use Only

Date Paid: _____ **Check #:** _____ **Amount:** _____ **Cash:** _____ **Sector:** _____ **Initials:** _____

If applying for a new Regular or Associate Membership be sure to include
$15 Dues Payable To/Mail To:

Hicksville Gardens Civic Association
Attn: Membership Committee
PO Box 624, Hicksville, NY 11802