



KEEPING NEWTOWN WILD

Welcome to Newtown!

MEMBER INFORMATION ACTIVATION FORM

Member Information

Name*			
D.O.B.		Occupation	
Address*			
City*		ZIP*	
Phone*		Email*	

*required information for activation

Check here if interested in volunteering for Newtown Forest Association.

THIS FORM MUST BE RETURNED TO NEWTOWN FOREST ASSOCIATION TO ACTIVATE MEMBERSHIP.

Newtown Forest Association, P.O. Box 213, Newtown, CT 06470 or email completed copy to:

julie.schwartz@newtownforestassociation.org

Signature: _____ *Date:* _____

Agent confirmation(to be filled out by Real Estate Agent):

Agent Name: _____ Phone: _____

Agent email: _____

Closing Date: _____