



MEMBERSHIP APPLICATION 2025 – 2026

PLEASE ENTER **ALL** OF THE REQUIRED INFORMATION (*)

Name of Cooperative (if any) _____

Address of Cooperative _____

Board President* _____

Name (please print) _____ apt. # _____

e-mail address (*Important!*) _____ telephone _____

Management Company* _____

Managing Agent* _____

Name (please print) _____

e-mail address (*Important!*) _____ telephone _____

* * * * *

Annual dues: \$350.00 payable to:

“Association of Riverdale Cooperatives & Condominiums”

Check and completed application should be mailed to:

**Association of Riverdale Cooperatives & Condominiums
P. O. Box 630 – 033
Riverdale, NY 10463**

To inform * To educate * To advocate