

CORNVILLE COMMUNITY ASSOCIATION

P.O. Box 1452 Cornville, AZ 86325

Application for Membership (required each year)

Calendar Year _____ Today's Date _____

Purpose: (check one)

- New Member
- Renewal (existing member)
- Reinstatement (returning – not registered last year)

Membership Type: (check one)

- Resident of zip code 86325
- Non-Resident Property Owner in 86325
- Business located in 86325 Business Name: _____

If this is a business application, you will be contacted for business information you would like to have shown on the CCA website

Cornville Physical Address:

Property or Business: _____

Mailing, if different: _____

Member Information:

Primary Member (or Business Owner) Name: _____

Co-Member (or Business Co-Owner) Name: _____

Name(s) of other family member(s) living at home 18 or over (for voting purposes): _____

Name(s) of other family member(s) living at home under 18 (youth members): _____

Email Address: _____

*We urge you to provide a current email address (and let us know if it changes) so we can provide you with meeting or other important association information. **We will never sell or share your personal information with outside parties.***

Phone Numbers:

Home: _____ Cell: _____

Business: _____ Second Cell: _____

**Please mark the type of membership and payment you are including.
PLEASE USE A SEPARATE APPLICATION FORM FOR EACH TYPE OF MEMBERS**

<input type="checkbox"/> Individual	\$10.00		
<input type="checkbox"/> Family	\$15.00		
<input type="checkbox"/> Business	\$15.00		
<input type="checkbox"/> Additional Donation	\$ _____		
Total	\$ _____	<input type="checkbox"/> Check	<input type="checkbox"/> Cash

CCA Membership Committee Processing Section	
Date Received	
Received By	
Date Approved	
Check Number	
Receipt Number	
Other	