

CORNVILLE COMMUNITY ASSOCIATION
P. O. Box 1452 Cornville, AZ 86325
Application for Membership (required each year)

Calendar Year _____

Purpose: (check one)

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

Membership Type: (select one)

Resident of zip code 86325

Non-Resident Property Owner in 86325

Business located in 86325

Business Name: _____ (list owners below)

Cornville Physical Address:

Property or Business: _____

Mailing, if different: _____

Member Information:

Primary Member (or Business Owner) Name: _____

Co-Member (or Business Owner) Name: _____

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 you personal information with outside parties.**

Phone Numbers:

Home: _____ Cell: _____

Business: _____ Second Cell: _____

Please mark the type of membership and payment you are including.

<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