

MEMBERSHIP APPLICATION FORM
Coalition of City Neighborhood Associations of Sarasota, Inc. (CCNA)

Association Name: _____

CCNA Designate: Name: _____

Address: _____

E-Mail: _____

Tel. _____

CCNA Alternate: Name _____

Address: _____

E-Mail: _____

Tel. _____

Signature of President: _____ Date: _____

Send completed Membership Application Form to:

*Norman Dumaine, CCNA Treasurer
3847 Calliandra Drive
Sarasota, Fl. 34232*

**Please attach check for \$20.00 annual membership dues.
Make check payable to: CCNA of Sarasota.**

Please attach current list of officers and board members.

Please attach copy of governing documents:

By-Laws

Articles of Incorporation (if incorporated)