

CCNA

COALITION OF CITY NEIGHBORHOOD ASSOCIATIONS

MEMBERSHIP APPLICATION FORM

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:

*Bob Pirollo, CCNA Treasurer
1064 N Tamiami Trl Unit 1333
Sarasota, FL 34236-2478*

**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)