



Cornville Community Association Annual Membership Application

P.O. Box 1452 Cornville, AZ 86325

Calendar Year: _____

Date: _____

**Residency, property ownership, and/or business located in the 86325 zip code required for membership.*

We will never sell/share your personal information with outside parties.

Select One: New Member Renewal Reinstatement

Please complete one column for the appropriate membership type: **Required fields*

Individual Membership	Family Membership	Business Membership
Annual Membership Due: \$15.00	Annual Membership Due: \$25.00	Annual Membership Due: \$50.00
*Member Name: _____	*First Member Name: _____	*Business Name: _____
_____	*Second Member Name: _____	*Primary Representative: _____
_____	_____	Second Representative: _____
*Property Address: _____	*Property Address: _____	*Business Address: _____
_____	_____	_____
Mailing Address (if different): _____	Mailing Address (if different): _____	Mailing Address (if different): _____
_____	_____	_____
*Email Address: _____	*Email Address: 1st: _____	*Email Address: 1st: _____
_____	2nd: _____	2nd: _____
_____	_____	_____
*Phone Number: _____	*Phone Numbers: 1st: _____	*Phone Numbers: 1st: _____
_____	2nd: _____	2nd: _____
_____	_____	_____
Additional Donation: \$ _____	Additional Donation: \$ _____	Additional Donation: \$ _____
Total: \$ _____	Total: \$ _____	Total: \$ _____

Check here if paid via PayPal (@cornvilleAZ)

CCA Membership Committee Processing Section

Received By: _____ Date Approved: _____ Check/Receipt Number: _____

Other: _____