

CORNWALLIS NEIGHBORHOOD ASSOCIATION MEMBERSHIP

_____Renewal _____New Member

\$20.00 Annual Membership Due January 1st.

Last Name _____First_____

Spouse/Partner Name _____

Cape Coral Address_____

Home Phone_____ Cell _____Text ____Y____N

Primary Email _____

Secondary Email _____

Out of Town Address & Phone _____

I would like to volunteer:

_____ Membership Drive/Block Captain _____Social Events & Planning

_____Website Support _____ As officer on the CNA Board

_____ Adopt Median_____Median Maintenance Support

Make checks payable to **CNA or Cornwallis Neighborhood Association**

_____Additional Investment/Donation to support CNA extra projects

Mail this form & payment to:

Wendell Christoff, CNA Treasurer, 2801 SE 19th Ave, Cape Coral FI 33904