

CORNWALLIS NEIGHBORHOOD ASSOCIATION MEMBERSHIP

_____New Member _____Renewal _____Renewal Year

\$20.00 Annual Membership Due January 1st.

Last Name _____ First Name _____

Spouse's Name _____

Cape Coral Address _____

Home Phone _____ Cell Phone _____ Text ___Y___N

Email Address _____

Additional Email Address _____

Out of Town Address and Phone _____

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I would like to volunteer on:

_____Membership Drive _____Social Activities

_____Block Captain _____Christmas Decorating

\$20.00 enclosed (check payable to Cornwallis Neighborhood Assoc.)

____Donation \$ _____ enclosed for specific project _____

Mail this form & payment to:

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