

CORNWALLIS NEIGHBORHOOD ASSOCIATION MEMBERSHIP REQUEST

☐ New Member ☐ Renewal (\$20.00 ANNUAL MEMBERSHIP DUE JANUARY 1) Today's Date _____

Family Name _____ # of years in Cape Coral _____

His First Name _____ Her First Name _____

Names of children living at home _____

Street Address _____, Cape Coral, FL 33904

Home Phone _____ Email Address _____

I would like to volunteer to:

☐ Work on Medians ☐ Adopt a Median ☐ Newsletter Distribution ☐ Special Projects ☐ Membership Drive ☐ Special Events

Out of Town Address & Phone #: _____

☐ \$20.00 enclosed (check payable to "Cornwallis Neighborhood Association")

☐ \$ _____ enclosed as donation for specific project (i.e. median beautification) _____

**Mail this form & payment to: Wendell Christoff, CNA Treasurer, 2801 SE 19th Avenue, Cape Coral FL 33904*