



Membership or Renewal Application

GROUP MEMBER

Who can be a Group Member?

A City of Clearwater Registered neighborhood, Homeowners' Association (H.O.A.) or Condominium Owner's Association

Date: _____

Name of Association: _____

Association President's name: _____

Address: _____ Zip code: _____

E-mail: _____ Ph.#: _____

CNC Representative's Name: _____

Address: _____ Zip code: _____

E-mail: _____ Ph.#: _____

Alternate CNC Representative's Name: _____

Address: _____ Zip code: _____

E-mail: _____ Ph.#: _____

Management Association name (if any): _____

Manager's name: _____

Address: _____ City: _____

Zip code: _____

E-mail: _____ Ph.#: _____

ANNUAL DUES - PAYABLE BY FEBRUARY 15th - \$40.00/year.

**Fill out the above form. You may pay cash or bring a check made out to:
Clearwater Neighborhoods Coalition to the next meeting, or mail a check to:**

P.O. Box 8204, Clearwater, FL 33758

Questions: clearwaterneighborhoods@gmail.com