

CLEMENTS CIRCLE CIVIC ASSOCIATION • CCCA • MEMBERSHIP FORM

CONTACT INFORMATION:

FIRST NAME _____ LAST NAME _____

SPOUSE FIRST NAME _____ LAST NAME _____

MAILING ADDRESS: CITY _____ /STATE _____ /ZIP _____

HOME PHONE # _____ MOBILE # _____

PRIMARY EMAIL _____

CHILDREN: NAME(S)	AGE GROUP		
NAME: _____	___ 0 - 5	___ 6 - 12	___ 13 - 18
NAME: _____	___ 0 - 5	___ 6 - 12	___ 13 - 18
NAME: _____	___ 0 - 5	___ 6 - 12	___ 13 - 18
NAME: _____	___ 0 - 5	___ 6 - 12	___ 13 - 18

ARE YOU A NEW CCCA MEMBER? ___Y ___N

NEW TO THE NEIGHBORHOOD? ___Y ___N

ARE YOU RENEWING YOU MEMBERSHIP? ___Y ___N

ARE YOU INTERESTED IN BECOMING INVOLVED IN CCCA ACTIVITIES? ___Y ___N

PLEASE LIST YOUR INTERESTS: ___HELP WITH EVENTS ___YOUTH ACTIVITIES

___NEWSLETTER ___WELCOMER ___BOARD MEMBER

___OTHER INTERESTS: SPECIFY _____

**ONLY \$10 PER HOUSEHOLD
MAKES CHECKS OR MONEY ORDER PAYABLE TO: CCCA**

MODES OF PAYMENT (CHECK ONE):
___PERSONAL CHECK ___CASH ___MONEY ORDER

MAIL THIS FORM TO: **CCCA P.O. Box 511366, LIVONIA, MI 48151**

ANY MEMBERSHIP QUESTIONS CAN BE DIRECTED TO:

MEMBERSHIP@CLEMENTSCIRCLE.ORG OR CALL: 734 237-3606

You can also join on-line by going to: WWW.CLEMENTSCIRCLE.ORG/JOIN

MEMBERSHIP IS COMPLETELY VOLUNTARY, MEMBERSHIP RUNS FROM JANUARY TO DECEMBER. ANY MEMBERSHIP RECEIVED AFTER SEPT. 1ST WILL BE APPLIED TO THE NEXT MEMBERSHIP YEAR.