

Clear Creek Forest
Section 10 Civic Association



Membership Application

Please check: _____ \$50 Active Membership Yearly

NAME

SPOUSE'S NAME

ADDRESS

CITY

STATE

ZIP

CELL NUMBER

HOME NUMBER

EMAIL ADDRESS

☐ I agree to conduct myself courteously and in accordance with the By-laws of the Clear Creek Forest Section 10 Civic Association. By providing your email address you will automatically receive the majority of our communications via e-mail. Providing this information is optional, but failure to do so may result in missed communication.

SIGNATURE: _____

TO BE FILLED OUT BY CCF SECTION 10 CIVIC ASSOC. EXECUTIVE BOARD:

APPLICATION STATUS: Approved _____ Not Approved _____

Date: _____

SECRETARY SIGNATURE: _____