



# **Cornville Community Association** **Annual Membership Application** P.O. Box 1452 Cornville, AZ 86325

Calendar Year: 2025

Date: \_\_\_\_\_

*\*Residency, property ownership, and/or business located in the 86325 zip code required for membership.*

***We will never sell/share your personal information with outside parties.***

**Select One:** ☐ New Member ☐ Renewal ☐ Reinstatement

Please complete one column for the appropriate membership type: *\*Required fields*

Individual Membership	Family Membership	Business Membership
Annual Membership Due: \$15.00	Annual Membership Due: \$25.00	Annual Membership Due: \$50.00
*Member Name: _____ _____	*First Member Name: _____ *Second Member Name: _____ _____	*Business Name: _____ *Primary Representative: _____ Second Representative: _____
*Property Address: _____ _____	*Property Address: _____ _____	*Business Address: _____ _____
Mailing Address (if different): _____ _____	Mailing Address (if different): _____ _____	Mailing Address (if different): _____ _____
*Email Address: _____ _____	*Email Address: 1st: _____ 2nd: _____ _____	*Email Address: 1st: _____ 2nd: _____ _____
*Phone Number: _____ _____	*Phone Numbers: 1st: _____ 2nd: _____ _____	*Phone Numbers: 1st: _____ 2nd: _____ _____
Additional Donation: \$ _____	Additional Donation: \$ _____	Additional Donation: \$ _____
Total: \$ _____	Total: \$ _____	Total: \$ _____

☐ **Check here if paid via PayPal (@cornvilleAZ)**

CCA Membership Committee Processing Section

Received By: \_\_\_\_\_ Date Approved: \_\_\_\_\_ Check/Receipt Number:  
\_\_\_\_\_ Other: \_\_\_\_\_