



# Cherryland Community Association Membership Application

New Member

Annual Renewal

Name(s):

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# in Household:

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Address:

*Street Address*

*Apartment/Unit #*

*City*

*State*

*ZIP Code*

Home Phone:

(    )

Email:

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I'd like *my* Cherryland News to be **Emailed** in full color:

YES

NO

**I'd like to help by volunteering for the following:**

Meetings

Newsletter

Board of Directors

Events

Other \_\_\_\_\_

**CCA Membership dues are only \$20, per household, per year!**

**Make checks payable to: Cherryland Community Association**

**Mail to: P.O. Box 292**

**San Lorenzo, CA 94580**