

CITIZENS COALITION, INC.

ANNUAL MEMBERSHIP APPLICATION

PLEASE CHECK ONE

Please accept my Annual membership dues of \$20.00 per household (tax deductible).

Please accept my contribution of \$_____ (tax deductible).

PLEASE PRINT

NAME :			
TELEPHONE # :			
E-MAIL :		FAX # :	
HOME OWNER ASSOCIATION or COMMUNITY :			
STREET :			
TOWN/CITY :			
STATE :		ZIP :	

Yes, contact me! I am interested in helping the Citizens Coalition.

PLEASE SEND THIS COMPLETED FORM AND CONTRIBUTION TO:

**CITIZENS COALITION, INC.(CC)
P. O. BOX 56
NASSAU DE 19969**

Thank You for your annual membership dues and/or contribution.