



# New Member Application/ Member Contact Information Update Form

www.ccobh.org

Date updated:

Organization Name \_\_\_\_\_

# of Homes: \_\_\_\_\_

Web address: \_\_\_\_\_

Status:  Active  In-Active

**Please check one below:**

**NEW MEMBERSHIP APPLICATION / CURRENT MEMBERSHIP RENEWAL**

If your association is applying for a **new membership**, OR **renewing your current membership**, please complete this form and mail it, with your check for dues, to the address below. Civic Membership dues are \$25 per year. To help support our efforts, we also ask that each association contribute an additional donation along with their annual dues (using a suggested \$1 per civic association household as a guide).

**CURRENT MEMBER ASSN. CONTACT UPDATES**

If your association is a **current member** of CCOBH, and you want to update your association's **contact information**, please fill out this form with the new information and mail OR email it to CCOBH at the address below.

**MAIL: CCOBH, P.O. Box 753, Claymont, DE 19703-0753. EMAIL: e-mail@ccobh.org**

Please designate 2 voting members for your organization. They can be President, Treasurer or 2 different voting members.

Term From:      Term To:

    

**PRESIDENT**

**TREASURER**

**NAME:** \_\_\_\_\_  
**Street:** \_\_\_\_\_  
**City:** \_\_\_\_\_  
**State:** \_\_\_\_\_  
**Postal Code:** \_\_\_\_\_  
**HPh:** \_\_\_\_\_  
**BPh (other):** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_

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**COUNCIL MEMBER 1:**

**COUNCIL MEMBER 2:**

**NAME:** \_\_\_\_\_  
**Civic Title:** \_\_\_\_\_  
**Street:** \_\_\_\_\_  
**City:** \_\_\_\_\_  
**State:** \_\_\_\_\_  
**Postal Code:** \_\_\_\_\_  
**HPh:** \_\_\_\_\_  
**BPh (other):** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_

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Additional comments: