



www.ccobh.org

Membership Form

Today's Date:

Organization Name _____

of Homes: _____

Web address: _____

Status: Active In-Active

Please check one below:

MEMBERSHIP RENEWAL

If your association is **renewing your current membership**, please complete this form and mail it, with your check to: **CCOBH, P.O. Box 753, Claymont, DE 19703-0753**. 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).

CONTACT UPDATES

If your association is a **current member** of CCOBH, and just want to **UPDATE** your association's **contact information**, you can do so anytime online (<http://www.ccobh.org/membership-form>), or if you prefer, mail your updates to: **CCOBH, P.O. Box 753, Claymont, DE 19703-0753**

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: _____

COUNCIL MEMBER 1:

COUNCIL MEMBER 2:

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

Additional comments: