Cascade Shores Homeowners Association

Membership Application for April 1, 2013 - March 31, 2014

Dues are due April 1st. Allow 7 days for processing.
See us at www.cascadeshores.org.

OWNER(S) NAMES: _____

_____

CASCADE SHORES ADDRESS: _____

_____

PHONE #: _____ **Out of Area #:** _____

MAILING ADDRESS: _____
(If different than above) _____

DO YOU WANT TO BE INCLUDED IN THE CSHA DIRECTORY? ☐ YES ☐ NO

EMAIL: _____ Include in the Directory? ☐ YES ☐ NO

RENTAL PROPERTY (If Applicable)

RENTER MEMBERS NAMES: _____

_____

CASCADE SHORES ADDRESS: _____

_____

MAILING ADDRESS: _____
(If different than above)

DO YOU WANT TO BE INCLUDED IN THE CSHA DIRECTORY? ☐ YES ☐ NO

EMAIL: _____ Include in the Directory? ☐ YES ☐ NO

Please choose ONE of the following memberships:

(Amount prorated *one time only* for New Members joining after June 30th)

Basic Membership ($100/year) **$** _____

OR Enhanced Member ship ($150/year): **$** _____

VOLUNTARY DONATION
(any amount added to your membership is much appreciated): **$** _____

Enclosed Cash or Check made out to C.S.H.A. **Total: $** _____

Mail to: CSHA, 16528 Pasquale Road, Nevada City, CA 95959

Rates are never prorated and remain the same for the stated 12-month period.

Please, would you like to help or donate your time to a CSHA event? Someone will call you.

Name _____ **Phone:** _____

For CSHA USE ONLY: **CARD ISSUED:** _____ **DATE JOINED:** _____