



Cielo Vista Neighborhood Association

www.ep-cvna.org

MEMBERSHIP APPLICATION

Date: _____

- New Family - \$10 Business Advertisement - \$100 (membership included)
 Renewal Business - \$25 Amount Paid: _____ Cash Check

Membership fee covers your membership for one year from date of joining or renewal.

Family member name (s) or Business Name: _____

Home or Business Address: _____ El Paso, TX 799____

Phone Number: _____ Alternate Phone Number: _____

*Email: _____

(* Note an email address is required to receive CVNA communications in a timely fashion.)

Your personal information will be used for CVNA business only and will not be shared with anyone.

Are you willing to volunteer or help out? Yes (We will contact you later.) No

Signature: _____

If you are mailing the application, please make your check payable to CVNA in the appropriate membership amount

and send it to: **CVNA Treasurer/Membership** (Your receipt will be emailed to you.)

**P.O. Box 971884
El Paso, TX 79997**

Please contact us at elpasocvna@gmail.com if you have any questions.

Thank you for your commitment and community support!

CVNA Board Use Only

Receipt #: _____ Amount \$: _____ Check #: _____

Actions:

- Update Membership Roster Add to Email Distribution Send Welcome Letter