

MEMBERSHIP APPLICATION

Today's Date:	Referred by:		
Primary Member (Please Print):	□Female □Male Photograph □ Attached □ CVN Photo		
Salutation First Name	Initial Last Nan	ne	
Street	City/State	e	Zip Code
Cell Phone Other	er	Email	
For Household Memberships On	ly (Additional Men	nber):	
Second Member (Please Print):	□Female □Ma	nle	
Salutation First Name	Initial Last Nar	ne	
Street	City/Stat	e	Zip Code
Cell Phone O	her	Email	
Membership Fees: Below is a fee			
•			yment arrangements are made
Full Membership		l Membership	
□Individual \$500	□Individual \$300		
□Household \$800	□Household \$600 * Full dues paid upfront are tax-deductible		
Reduced Membership A financial assistance programembers who cannot afford			
You may: email your completed a mail to Charlotte Villag P.O. Box 32544	-	Iembership Team	twork.org or
A Charlotte Village Network representation and complete the application.		w up with you soo	on to answer any questions
Questions? Email info@charlotte	-	or Call 980-272-	1426

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