

Cascade Shores Homeowners Association

Membership Application for April 1, 2008 – March 31, 2009

OWNERS NAMES:

If more than one family owner, use other side _____

CASCADE SHORES ADDRESS:

LOCAL PHONE NUMBER:

If different than above

MAILING ADDRESS: _____

PHONE #: (____) _____

FAX #: (____) _____

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

E-MAIL: _____ **May we include it in the Directory? Yes__ No__**

RENTAL PROPERTY (If Applicable)

If property is rented, please give renters' names:

Do you wish renters to have your membership privileges YES NO_____

Please Choose One of the following Memberships

1. BASIC MEMBERSHIP (\$70/yr)_____ \$_____

2. ENHANCED MEMBERSHIP (\$125/yr.)_____ \$_____

Includes Security Patrol

VOLUNTARY DONATION (please add any amount to your membership)___\$_____

Enclosed Cash or Check made out to C.S.H.A.-----Total \$_____

Mail To: CSHA, 16528 Pasquale RD., Nevada City, CA 95959

Stated rates are never pro-rated and remain the same for the stated 12-month period

The success of any organization depends on the members. Please consider volunteering for a following committee by placing your name next to areas you would like to help.

Welcome Committee_____

Social Events_____

Lost Mine Lake_____

Phone Tree_____

Roads & Environment_____

Newsletter_____

Government Liaison_____

Fire Safety / C.E.R.T._____

FOR CSHA USE ONLY:

DATE JOINED

CARD ISSUED_____