

Cascade Shores Homeowners Association

Membership Application for April 1, 2009 – March 31, 2010

Dues are due April 1st

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:

Address:

If you want your renters' to have your

Membership privileges please sign here: _____

Please Choose One of the following Memberships

1. BASIC MEMBERSHIP (\$100/yr) _____ \$ _____

2. ENHANCED MEMBERSHIP (\$150/yr.) _____ \$ _____

Includes Security Patrol (please fill out back of this page)

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

Greatly Appreciated

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

If you would like to help or donate your time please look at the enclosed Event Calendar and sign up for which event you would like to help with. Thank You!

Event_____Your Name_____Phone_____

FOR CSHA USE ONLY:

DATE JOINED

CARD ISSUED_____