



## ASSOCIATION MEMBERSHIP & DONATION FORM

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Phone \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Phone \_\_\_\_\_

Business Supporter \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email Address (1) \_\_\_\_\_

Email Address (2) \_\_\_\_\_

<b>Annual Membership Dues</b> (Chastain Park Resident or Homeowner - 21 years of age or older)	<b>\$ 95.00</b>
ADDITIONAL DONATION for: _____ (General Fund, Community Events, Security Patrol, etc.)	\$____.00
DONATION (Business or Non-resident of Chastain Park)	\$____.00
CHASTAIN PACE CAR Stickers (\$5 each) x quantity _____ Total Amount Enclosed	\$____.00

Please **JOIN** today by filling out this form and mailing it in the self-addressed envelope with your check made payable to **CPCA**.

Member signature \_\_\_\_\_ Date \_\_\_\_\_

**CHASTAIN PARK CIVIC ASSOCIATION**  
**P.O. BOX 420473**  
**ATLANTA, GEORGIA 30342**