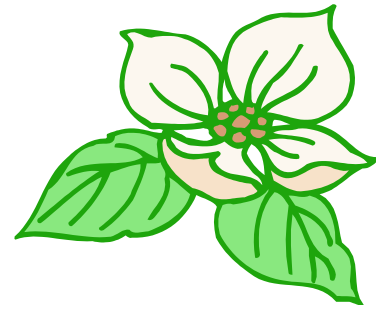


# Clairmont Heights Civic Association Membership Form



Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email(s): \_\_\_\_\_

**Please use the above email address(es) to send me weekly news updates from CHCA.**

Yes  No

Paid for by: Check   I am a: New Member   
Cash   Renewing Member

**Please share any comments you might have about neighborhood issues or CHCA.**