

**2019 Membership
Renewal**



- Individual \$24
 Family \$40*

Please print:

Name _____ Name _____
Email _____ Email _____
Phone # _____ Phone # _____
(*2nd adult- family membership only. Please list other family members below)

*Other family members: _____
Address _____

Mail completed form along with your check to:

Cool Community Association, Inc.
P. O. Box 171, Cool, CA 95614

(Shaded area for CCA use)

Check # _____ or Cash
Date membership updated on list _____