

PLEASE PRINT

## Annual CPOA 2017 Membership

Name \_\_\_\_\_

CHQ  
Address \_\_\_\_\_

CHQ  
Tel # \_\_\_\_\_ Cell  
# \_\_\_\_\_

Home  
Address \_\_\_\_\_

City \_\_\_\_\_

State/Zip \_\_\_\_\_ Home  
# \_\_\_\_\_

Email \_\_\_\_\_

Co-owner  
Email \_\_\_\_\_

To: *Treasurer, Chautauqua Property Owners Assn.  
Box 12, Chautauqua, NY 14722*

Please make checks payable to:  
***Chautauqua Property Owners Association***

To pay online:  
<http://cpoa.ws/join-us/>

2017 Dues \$ 20.00

Donation \_\_\_\_\_

Amount Enclosed \$ \_\_\_\_\_

*Thank you for your support!*