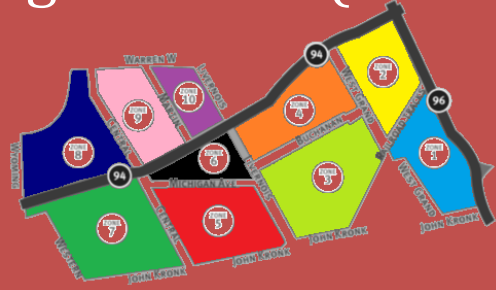


# Chadsey Condon Community Organization (CCCO) Membership Application



## Member Information

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **E-mail** \_\_\_\_\_

What kind of Community Member are you? (Pick one)

- Resident    Business    Organization Rep.    School Rep.    Faith-Based Organization Rep.

How do you prefer to receive information from CCCO? (Check or highlight all that apply)

- Mail    Email    Text    Phone Call    Facebook    None

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## Are you interested in receiving more information about any of the following things?

(Check or Highlight all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Volunteering with CCCO       | <input type="checkbox"/> Local Block Clubs | <input type="checkbox"/> Neighborhood Clean-ups |
| <input type="checkbox"/> School & Education Committee | <input type="checkbox"/> Safety Patrol     | <input type="checkbox"/> Advocate at City/State |
| <input type="checkbox"/> Health & Safety Committee    | <input type="checkbox"/> Donating to CCCO  | <input type="checkbox"/> CCCO Youth Committee   |
| <input type="checkbox"/> Employment / Adult Education | <input type="checkbox"/> Time Bank         | <input type="checkbox"/> Early Childhood 0-5    |
| <input type="checkbox"/> Detroit City Services        | <input type="checkbox"/> Community Events  | <input type="checkbox"/> Children Programs 5-12 |
| <input type="checkbox"/> Become a Board Member        | <input type="checkbox"/> Basic Needs       | <input type="checkbox"/> Youth Programs 13-18   |

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Each of us has talents and abilities!

Let Us Know How You Can Help Improve Our Community

**"I Can Help By..."**