MEMBERSHIP APPLICATION

Name: _______________________________ Date of Birth*: ______________

Current
Address: ____________________________________________________________

Email: ________________________________ Telephone: ______________

If not currently living in Clarksville (CCDC boundaries are described below), please provide
your former Clarksville address: __________________________________________

By my signature, I attest that the above information is true and correct.

__________________________________________  _________________________
Signature                            Date

• Members must be at least 18 years of age. If you prefer not share your birthdate,
  please state that you are 18 years of age or older.

CCDC membership boundaries:
The south side of West 12th Street from West Lynn to Charlotte, the south side of
Waterston from Charlotte to MoPac, West 10th from West Lynn to MoPac, along
with the following streets: Patterson, Theresa, West 8th, Frances, Augusta, and Julia.

ONLY COMPLETE APPLICATIONS WILL BE ACCEPTED--SIGNATURE IS REQUIRED

Completed applications may be

• mailed to: CCDC, PO Box 5975, Austin, TX  78763
• placed in the Suggestion box on the porch of the Pauline Brown Clarksville
  Neighborhood Center, 1807 W. 11th Street  (the Suggestion Box is located to the left
  of the front door; please do not place applications in the mailbox that is to the right of
  the door), or
• scanned and emailed to kkronzer@aol.com