**CCDC MEMBERSHIP APPLICATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

If not currently living in Clarksville, former Clarksville address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

I attest that I am at least 18 years of age: \_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

**CCDC membership requires that you currently live or have lived within the following boundaries:** The south side of W. 12th Street from West Lynn to Charlotte, the south side of Waterston from Charlotte to MoPac, W. 10th Street from West Lynn to MoPac, plus the following streets: Patterson, Theresa, W. 8th Street, Francis, Augusta, and Jennie.

**Completed applications must be scanned and emailed to** **ClarksvilleCDC@gmail.com****.** Questions can be answered via email as well.

**ONLY COMPLETE APPLICATIONS WILL BE ACCEPTED. SIGNATURE IS REQUIRED.**