

Pflugerville Council of Neighborhood Associations (PfCONA)

Associate Membership Application

Associate Membership: Associate members may be individuals, governmental, or quasi-governmental entities, civic organizations, or others interested in furthering the objectives of PfCONA. Associate members may attend meetings and participate in PfCONA activities, but are **not** entitled to vote. This membership is approved by either the Officers or the Membership of PfCONA, but may only be withdrawn by vote of the Membership or the Associate Member.

Current Associate Member (renewing) New Associate Member

Entity or Individual Name: _____

Individual Government Civic or Community Organization Business Other: _____

Official PfCONA Associate Representative*: _____ Title: _____

Address: _____

Phone: _____ Email: _____

Type (Description) of Entity: _____

Alternate:

Official PfCONA Associate Representative*: _____ Title: _____

Address: _____

Phone: _____ Email: _____

For Individuals:

Subdivision or Entity: _____

Number of years in subdivision: _____ Homeowner Rent/Lease Residential Occupant

Annual Membership dues are \$12.00 for each associate membership. Total enclosed: \$ _____

Do you have a website? _____

PfCONA is a public not-for-profit organization and wishes to encourage its members and friends to share contact information with one another as a unified community so that we can communicate information pertinent to Pflugerville. PfCONA will not under any circumstances sell your information to anyone. PfCONA will publish some or all of this membership information to all general, associate and honorary members and any interested party. If any part of this membership application should not be published or released please indicate those restrictions below. Restricted information will remain confidential and accessible to PfCONA's Officers only.

Who completed this application? Name: _____ Title: _____

Phone: _____ Email: _____

Date application completed: _____

PfCONA Only

Received by: _____

Dues Paid Cash Check# _____ Pay Pal Date: _____

Total Paid:\$ _____

Approved for Associate Membership: Yes

PfCONA Officer

Date