



Fill this form out:



Council of Neighborhood Associations of South Pinellas County, Inc.
www.stpetecona.org

CONA Associate Membership Application and Renewal Form

Application Date _____

Business or Organization Name _____

Mailing Address _____


Website _____ Facebook Page _____

Contact Name _____

Phone _____ Email _____

Address _____

Please indicate your reason for joining CONA: _____

| | | |
|--|--|--|
| Annual Associate member dues (Jan 1 – Dec 31) | \$45.00 | \$45.00 |
| Optional: Sponsor A Neighborhood? | Add \$45.00 | \$ _____ |
| TOTAL IS: ENCLOSED <input type="checkbox"/> | BANK CHECK <input type="checkbox"/> |  |
| | | \$ _____ |

Please note: In accordance with CONA By-laws, Associate member organizations do not have voting rights and may not serve on the Board of Directors or on the Executive Committee. New memberships are subject to approval of the CONA Executive Committee and ratification by the voting membership.

Please pay online with Bank Check or PayPal and submit application via email to membership@stpetecona.org or send your check and application via US Mail to:

CONA
P. O. Box 13693
St. Petersburg, FL 33733-3693

The Council of Neighborhood Associations of South Pinellas County, Inc. is a 501(c)(3) nonprofit organization. Donations are tax-deductible to the extent allowed by law. EIN 59-2921651