



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 ENCLOSED		\$ _____

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 return application with your check made payable 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