



MEMBERSHIP APPLICATION

**Community Homes of Patagonia, Inc., P.O. Box 1063, Patagonia, AZ 85624
Phone: (520) 394-9051, e-mail address: info@chopatagonia.org**

NAME: _____
ADDRESS: _____
PHONE: _____
E-MAIL: _____

I (We) support Community Homes of Patagonia, Inc. (hereinafter referred to as the “Community Homes of Patagonia”) and its charitable purposes. I (We) are applying for Membership:

I (We) am (are) 18 years of age or older and have complied with the following: 1) Submission of this Membership Application; and 2) payment of dues for the current calendar year (annual dues are \$10 per person, \$20 per household, or an equivalent contribution of labor.).

*****MEMBERS shall have the right to participate in meetings of the Membership, to cast one vote on all matters properly put before the Membership for consideration, to nominate and participate in the election of the Board of Directors as provided by the Bylaws, to serve on the Board of Directors or on committees if chosen, to receive notices and minutes of Membership Meetings and Community Homes of Patagonia’s Annual Reports.**

Signature

Date

Signature

Date