

Community Association Network, Inc.

Membership Application

Date: _____ *Membership Number:* _____

Name: _____ Business Name: _____

Home Address: _____

Business Address: _____

Voice Phones: H _____ B _____

Fax: H _____ B _____

E-mail: H _____ B _____

Indicate E-mail Preference: Home Business

Professional Affiliations: _____

How did you hear about C.A.N.? _____

Skills you are willing to share with C.A.N. _____

Committee Service of interest: Membership Programs Education Other

Sponsor Name: _____

Applicant Signature: _____

Membership dues are \$75.00 Annually. Please mail with check payable to Community Association Network, Inc. to:
Gelcys Azuero
c/o Berenfeld Spritzer Schechter and Sheer, P.A.
2525 Ponce De Leon Blvd - 5th Floor
Coral Gables, FL 33134