

Concerned Citizens of Davisville

P.O. Box 236 North Kingstown, RI 02852

email: info@ccod.org

www.ccod.org

Membership Application

Name: _____ Date of Birth _____
First MI Last

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Please check One: () Residential Homeowner, () Commercial Property Owner, () Rental Tenant

Other Family Members

Name

Relationship

Age

Please use reverse side if additional space is needed

Type of CCOD Membership

() **Honorary Membership** - Non-voting members of the community at large. **No dues required.**

() **Sustaining Membership** - Voting members of the community-at-large. Dues required, along with certain active participation on volunteer work of the organization.

\$10.00 per family annually - payable by June 1st.
Please make check payable to CCOD

Committees

If interested in actively participating in any of the following committees please check appropriate box:

- () Membership Committee
- () Social Committee
- () Sawmill Pond Committee

Best time of day to contact:
