

APPLICATION:

TO BECOME A CAPE RECOGNIZED ORGANIZATION  
CAPE ST. CLAIRE IMPROVEMENT ASSOCIATION, INC.

Organization Name: \_\_\_\_\_

Responsible Party (must be CSC resident): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone H: \_\_\_\_\_ Work/Cell \_\_\_\_\_

Email address: \_\_\_\_\_

Organization Purpose: \_\_\_\_\_

1.) Are you a Non-Profit Organization? Yes \_\_\_\_\_ No \_\_\_\_\_

2.) Is the Organization Open To All Cape Residents? Yes \_\_\_\_\_ No \_\_\_\_\_

**Description of Membership:** (Please attach a list of the names, phone numbers and addresses of all members. Officers of the Organization must be identified.)

3.) Number of CSC Resident Members \_\_\_\_\_ Non Residents \_\_\_\_\_

4.) % of CSC Resident Members \* \_\_\_\_\_

5.) The Organization agrees to provide the CSCIA with a security deposit. *An amount determined by the Clubhouse Chairperson and agreed to by the Organization. The Clubhouse Chair reserves the right to modify the amount based upon the Organization's performance.*

Yes \_\_\_\_\_ No \_\_\_\_\_

*\* Membership must consist of a minimum of 80% Cape St. Claire residents. The Organization must be current on their fees or other financial obligations to the Cape St. Claire Improvement Association. Proof of Membership requirements must be available upon request. Recognition approval will require a majority vote of the CSCIA Board of Governors during a regular meeting.*

Signature of Organization's Responsible Party: \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Security Deposit \$ \_\_\_\_\_

Comments \_\_\_\_\_

CSCIA President \_\_\_\_\_ Date \_\_\_\_\_