

Application for Membership in COBWRA

To: COBWRA Secretary
PO Box 740814
Boynton Beach, FL 33474-0814

The Residential Association of _____
Applies for membership in the Coalition of Boynton West Residential Associations (COBWRA.)

The following information is required:

Official Association Name: _____

Our Association is (check one): Incorporated Ad Hoc Other (describe) _____

Community Type: Adult Only Mixed Association Type: Homeowner Condo

Number of occupied units: _____ Number of units when built out: _____

Officers are elected in (month): _____ Annually Bi-Annually

Name of Presiding Officer: _____ Title: _____

Mailing Address: _____

City: _____ FL Zipcode: _____

Phone: _____ Email address: _____

Please enclose a check for \$25.00 application fee. Make check payable to “COBWRA”

Please read and sign below:

We understand that the annual dues are assessed, prorated on a monthly basis, upon acceptance of our membership in accordance with the COBWRA Bylaws, Article II, Section 2 quoted below:

“COBWRA membership shall be restricted to residential associations where a significant number of residents have indicated their desire to join COBWRA. An application and application fee shall be submitted to the Coalition Executive Board to determine that requirements are met. The Coalition Secretary shall place the application request, which meets the requirements, on the agenda of the next Coalition meeting for a vote. Application acceptance shall be by a majority vote of the delegates. If an application for membership is denied, the application fee shall be returned.”

Signature of Presiding Officer Title Date

Upon acceptance, a form for naming your COBWRA delegate and up to three alternates will be sent to the association Presiding Officer for completion and return to the COBWRA Secretary.