

Calico Rock Organization for Revitalization Efforts (CORE)
MEMBERSHIP APPLICATION
(PLEASE PRINT)

MEMBER NAME: _____

PHONE #: _____ CELL #: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

E-MAIL ADDRESS: _____

PLACE OF WORK: _____

WORK PHONE: _____

Areas of experience that might be of use to the association: _____

Comments: _____

Membership runs January-December each year. Membership dues are \$5 per person per year.
Please return this form with your membership dues.

CORE Membership Drive
P.O. Box 453
Calico Rock, Arkansas 72519