

[**https://www.HCNWA.org**](https://www.HCNWA.org)

**Treasurer: Charlene Molina**

**Treas.HCNWA@gmail.com**

**Community Contact Information**:

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**ANNUAL MEMBERSHIP DUES: YEAR 2021**

Please remit fifty cents (.50) per household in your Community

Membership Association name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Invoice 2021

Number of homes \_\_\_\_\_\_\_ x .50 cents $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Watch Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE INCLUDE THIS COMPLETED FORM WITH YOUR DUES TO ENSURE YOUR DUES ARE APPLIED TO THE CORRECT WATCH GROUP AND YOUR CONTACT INFORMATION IS UP-TO-DATE.**

Thank you for your immediate attention to this notice. Please include your community name on your check and mail to: **HCNWA, P.O. Box 6704, Brandon, FL 33508-6704**

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