P.O. Box 2224
Pottsboro, TX 75076
www.cambridgeshores.com

MEMBERSHIP APPLICATION/UPDATE
CAMBRIDGE SHORES HOMEOWNERS ASSOCIATION

Member's Name:	Spouse's/Partner's Name:	
Primary Email:	Alternate Email:	
Home Phone:	Cell Phone:	Other Phone:
Cambridge Shores Address		
Address Line 1:	Address Line 2:	
City:	State:	Zip:
Mailing Address (if different from above)		
Address Line 1:	Address Line 2:	
City:	State:	Zip:

Are you willing to attend annual meetings? Yes ☐ No ☐

Are you willing to volunteer? Yes ☐ No ☐

Do you want to receive email and/or other electronic communications from CSHA? Yes ☐ No ☐