

*Community Organization of Pasadena for
Advancement - C.O.P.A*

**** NEW MEMBER Application ****
Confidential

Name: _____

Occupation: _____

Spouse or significant other: _____

Address: _____ *zip code* _____

Home Number: _____ *Cell:* _____

Work Number: _____ *email:* _____

Job Skills or Hobbies: _____

Date of Birth (Month-Day only) _____ / _____

Interested in serving on a committee? Yes _____ No _____

If so, which committee are you interested in serving on?

___ Membership ___ Special Programs ___ Education
___ Fund/Development ___ Other _____

**Please submit form and \$25.00 Membership Fee payable to:
COPA**

**Mail to: COPA Membership
P.O. Box 70564
Pasadena, CA 91117**

