

CCSTRA

Membership Form for Short Term Rental Owners

(1) Rental Property Owner's Name:	Owner's Telephone:
Owner's Mailing Address:	Owner's Email:
City/State/Zip:	FEIN/Last Four Digits of SS Number:
(2) Business Name or Corporate Name (if applicable):	(3) State Sales Certificate Number:
(4) Zoning of Property Location:	Property Parcel Identification Number:
(5) Complete Rental Property Address:	Date Rental(s) Began:
Name of Condominium or Subdivision:	
(6) Short Term Rental Platform:	

Signature: _____ **Date:** _____

Please email form to: membership@ccstra.org

Please email any correspondence with the City: fines/letters/hearings/continuances,etc.

OFFICE USE ONLY

Business Account Number: _____ **Issued:** _____

Approved: _____