



2017 Membership Form

Name(s) _____

St. Armands Address _____

Preferred Mailing Address _____

Preferred Phone Number _____

1st E-Mail Address _____

2nd E-Mail Address _____

Date Submitted _____

This information is meant for association use only. E-Mails will be sent for important news such as street closings, water shutoff, storm evacuation, crime watch and city meetings which affect the future of our St. Armands Key.

Please indicate if you would be interested in helping with association activities:

Environment & Beautification	_____	Social Committee	_____
Web Site	_____	Communications	_____
Grant Writing	_____	Traffic & Safety	_____
Membership Committee	_____		

Thank You For Your Support

Please make your \$50 check payable to St. Armands Residents Association and mail to:

St. Armands Residents Association

P.O. Box 2482

Sarasota, FL 34230

Please take a moment to let us know how the association can better serve your needs: _____

