



## 2018 Membership Form

Name(s) \_\_\_\_\_

St. Armands Address \_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_

Preferred Phone Number \_\_\_\_\_

1<sup>st</sup> E-Mail Address \_\_\_\_\_

2<sup>nd</sup> 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_