



2021 Membership Form

Name(s) _____

St. Armands Address _____

Preferred Mailing Address

Preferred Phone Number _____

Phone Number for Member Directory _____

1st E-Mail Address _____

2nd E-Mail Address _____
(most of our communications are sent by email)

Date Submitted _____

This information is for the sole and private use of the Members of St. Armands Residents Association. On-line Directory, Mailings, Phone Calls, and E-Mails will be sent for important news such as street closings, water shutoff, storm evacuation, crime watch and city meetings. The use of any names or lists created from this information for mailings, call lists, or any commercial purposes is strictly prohibited.

Please indicate if you would be interested in helping with any of the following association activities:

- | | |
|---|---|
| <input type="checkbox"/> Environment & Beautification | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Social Committee | <input type="checkbox"/> Membership Committee |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Web Site |
| <input type="checkbox"/> Parking, Traffic & Safety | <input type="checkbox"/> Rental Abuse Committee |

Please make your check for \$50 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:
