

YOUR VOICE ON THE KEY



Date: _____

Membership Application

- Renewal Permanent Siesta Key Resident Single-Family Residence
 New Membership Seasonal Siesta Key Resident Condominium Residence FL Registered Voter

PLEASE ENTER NAME(S) BELOW OR ATTACH SIESTA KEY ADDRESS LABEL

FIRST NAME: _____

LAST NAME: _____

SIESTA KEY ADDRESS: PLEASE ENTER SIESTA KEY ADDRESS BELOW OR ATTACH ADDRESS LABEL

Street/PO Box _____

Suite/Apt # _____

City **Sarasota**

State **FL**

Zip **34242**

SIESTA KEY PHONE NUMBER: _____

EMAIL ADDRESS: _____

Your email address allows us to inform you of urgent issues and meetings. We do not share email addresses.

You can opt out of general mailings yet receive membership and donation confirmations.

OTHER MAILING ADDRESS: PLEASE ENTER OTHER MAILING ADDRESS BELOW OR ATTACH ADDRESS LABEL

Street/PO Box _____

Suite/Apt # _____

City _____

State _____

Zip _____

Country _____

Other Phone Number _____

PLEASE INDICATE WHERE YOU WOULD LIKE YOUR SKA MAIL SENT

- Siesta Key Address Other Mailing Address

DUES FOR CALENDAR YEAR

\$ 35.00

(We do not pro rate or accept partial payment for yearly dues)

Optional Donation to SKA Legal Fund

\$

- \$25 \$50 \$100 \$250 Other

+

TOTAL AMOUNT ENCLOSED

\$

Please make check payable to: **SIESTA KEY ASSOCIATION**

PO Box 35200
Sarasota, FL 34242

Stay involved in decisions that affect the future of our island paradise.

Follow us on [Facebook](#) at Siesta Key Association for photos and events.