YOUR VOICE ON THE KEY

SIESTA KEY ASSOCIATION

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 (We do not pro rate or accept partial payment for yearly dues)	**$ 35.00**
Optional Donation to SKA Legal Fund ☐ $25 ☐ $50 ☐ $100 ☐ $250 ☐ Other	$ _____ +
TOTAL AMOUNT ENCLOSED	$ _____

Please make check payable to:
SIESTA KEY ASSOCIATION

PO Box 5067
Sarasota, FL
34277

[ ] I **hereby certify that I am a resident and/or own property on Siesta Key, Florida or Bay Island, Florida and therefore am eligible to be a member of the Siesta Key Association.**

_____

Signature