



**2017 Membership Application**

Membership includes all members of the owner/renter household that are 18yrs or older. Your canceled check is your receipt.

**Membership is \$ 15.00 thru 12/31/2017**

Date: \_\_\_ / \_\_\_ / 2017

Last Name \_\_\_\_\_ First \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_

Local Address \_\_\_\_\_ Citrus Springs, FL Zip 3443 3 or 4

Phone No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Circle One

Email \_\_\_\_\_ @ \_\_\_\_\_

Mailing Address (If Different)

Street. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

Check# \_\_\_\_\_ Cash \_\_\_\_\_

Name of Citrus Springs Civic Association Member making the referral:

\_\_\_\_\_

**Mail To: CIVIC ASSOCIATION  
P.O. Box 1387  
Citrus Springs, FL 34430 - 1387  
Phone No. 352-465-9007**