



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 12/31/2018

New Membership_____ Renewal_____

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**