



2020 Membership Application

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

Membership is \$ 25.00 thru 12/31/2020

IMPORTANT! Please check one. New Membership_____ Renewal_____

Date: ___ / ___ / 2020

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:

Your Membership and actively volunteering is greatly appreciated and will help to make a positive difference in your hometown of Citrus Springs.

Mail To: CIVIC ASSOCIATION
1570 W. Citrus Springs Blvd.
Citrus Springs, FL 34434
Phone No. 352-465-9007