

SAINT JAMES CITY CIVIC ASSOCIATION – MEMBERSHIP APPLICATION

Mail: SJCCA, PO Box 605, St. James City, FL 33956 Drop off: in slot outside our office

Dues: \$25 per person MEMBERSHIP YEAR: JANUARY 1st through DECEMBER 31st

APPLICANT INFORMATION	
Name: _____	
Phone: _____	Email (for Newsletter): _____
Activities of Interest: _____	
Can you volunteer?: <input type="checkbox"/> I would like to volunteer <input type="checkbox"/> I may volunteer occasionally <input type="checkbox"/> I cannot volunteer	

****FOR OFFICE USE****

Volunteer Accepting Application: _____ Paid (yes/no) Check # _____ Cash Date Received: _____
 Card Issued: Yes No

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