**Citrus Springs Civic Association**

**2025 Membership Application**

**Office Phone: 352-249-7708 Email:** [**Office@citrusspringscivic.org**](mailto:Office@citrusspringscivic.org)

**Membership fee: $25.00**

**Please Print Clearly, any omissions may result in communication problems**

Date of Applications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Membership: Renewal\_\_\_\_\_ New: \_\_\_\_\_ Business/Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Check all that applies**

Member Status: Property Owner: \_\_\_\_\_\_ Resident: \_\_\_\_\_\_ Business Owner: \_\_\_\_\_\_\_\_

Address (House # and Street): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_

Mailing Address is different: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applying Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Middle First

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To receive communications, email must be given**

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CSCA OFFICE USE ONLY:**

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_ Payment By: Check#\_\_\_\_\_\_\_\_\_\_\_ Credit/Debit Card: \_\_\_\_\_\_\_\_

Verification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Property Appraiser Report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (utility bill, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Copy of Verification Methods to be attached to application**

Application Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Verification Performed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Copy of Application given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By Who: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_