Citra Improvement Society (CIS)
APPLICATION FOR MEMBERSHIP

APPLICATION DATE: _____

FULL NAME:
_____

PERSONAL INFORMATION

Name: _____
Address: _____
City:_____ ZIP: _____
Phone: _____
E-mail Address: _____

Areas of Interest:
_____
_____
_____

Is your address or any other personal information exempt under the Florida Statutes? Yes __ No __
If yes, please cite the applicable Florida Statute: F.S. # _____

What is your preferred form of communication? Phone ___ Text ___ Email ____

Type of Membership: Citra Resident ____ Local Area / Friend of CIS ____

Citra Resident Affidavit:

I do hereby swear under oath, and under penalty of permanent removal of membership now and in the future. That I am a domicile resident of the Citra Florida area within the 32113-zip code. I understand this affords me the potential privilege of becoming an officer of the CIS.

Signed by: _____

Non-Citra Resident Affidavit:

I do hereby swear under oath, and under penalty of permanent removal of membership now and in the future. That I am a domicile resident of the surrounding communities near Citra Florida. I understand this does NOT afford me the potential privilege of becoming an officer of the CIS.

Signed by: _____