

Membership Application

	□R	enewal	□ New Mem	nber
Name (s):				
As you want it listed in the SRA Membership Directory within the password protected member only section of the SRA Website				
		do not want my name list	ed in the Directory	or on the Website
Address:				
Telephone: Home Mobile				
Email:				
Payment: Annual SRA Membership Dues is \$75.00 per year				
	Zelle Option For the Zelle Option – sign into your online bank account and select Zelle – set recipient as Membership@seaviewra.org , enter dues amount of \$75, and be sure to enter street address in 'Message' field . Please complete this Application and provide as noted below			
	Check Option			
	Please make check payable to Seaview Residents Association Place in an envelope with a copy of this application and drop in SRA Treasurer Lori Givens mailbox at 4237 Stalwart Drive or in the SRA small gray mailbox on the corner of PV South Drive and Schooner Drive			
I wish to participate in the following SRA Activities:				
☐ Board of Directors		☐ Emergency Prepa	redness [Intrance Maintenance
☐ Security Committee		☐ Government Relat	ions [Cars & Coffee
☐ Block Captain		☐ Neighborhood Sup	port Services D	Community Block Party

Note: All information provided will be held as CONFIDENTIAL