SANTIVA ISLANDERS MEMBERSHIP APPLICATION For 2024



Renewal \square New Member \square

Date							
1 st Member							
First Name_			Last Name				
Birth Month		Day					
Mobile #			Other #				
Email Addre	:SS						-
2 nd Member							
First Name_			Last Name				
Birth Month		Day					
Mobile #			Other #				
Email Addre	SS						-
☐ Use the s	ame Email a	ddress (but will not rece	eive any addition	al corr	espondence)		
Local Address	Street						
	City		Sta	ate	Zip		
☐ Full-time	Resident						
Other Address	Street				·		
(if not local)	City		Sta	ate	Zip		
Activities of Int	erest (check	all that may apply)					
☐ Exercise	□Bri	dge 🗆 Ma	hjong	□Во	ok Clubs	□ Нар	py Hour
☐ Kayaking	□ Ou	ıtings & Day Trips 🗌 Co	ffee & Conversa	tion	☐ Breakfast	Club	
☐ Leasure I	Lunch 🗆 Otl	her					_
☐ I am inter	rested in Volu	ınteering					
	By submit	ting this form, I give th in all publicity materia	e Santiva Island	ders pe	ermission to u	se my	
Membership	o fees are:	\$25 per year.	Forms may	be mai	led to: 2422 P a	alm Ridge	Rd, #139
Make check	s payable to:	SANTIVA ISLANDERS	S		Sanibe	l, FL 3395	57
	Sar	ntiva Islanders i	is part of Is	land	l Seniors,	Inc.	
	F	or questions and info	rmation visit S	antiva	Islanders.Or	g.	
		ail us at SantivaIslan	_		-	-	
For Office U							on 16-Mar-2024
Received by	·			Data	entered by		
		□ Cash □ C					