

DOWNTOWN SARASOTA CONDOMINIUM ASSOCIATION MEMBERSHIP APPLICATION

Please complete the application and return with your check for \$100.00 to the Downtown Sarasota Condominium Association, Inc., P.O. Box 3136, Sarasota, FL 34236. Checks should be made payable to the *Downtown Sarasota Condominium Association*.

Condominium Association Name: _____

Address: _____

President of Association: _____

Phone: _____ Fax: _____ Cell: _____

E-Mail: _____

Condo Representative, if
other than the President: _____

Phone: _____ Fax: _____ Cell: _____

E-Mail: _____

Please place in priority order by numbering 1 through 5.

Your Association would be most interested in having the DSCA:

- Represent members' interests at public meetings including the City and County Commissions, Public Interest Associations, etc.
- Act as a resource to your association by providing information based on the experience of other associations in the network.
- Facilitate communication through newsletters, e-news and public meetings targeted toward the association members.
- Host seminars and information meetings concerning relevant topics of current interest.
- Other areas of interest your association might like to see developed.

