

# 2018 Membership Application

**(Please Print)**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

**Annual dues are \$25.00 per person.**

**Make checks payable to “GCA” and mail with application to:**

**Gainesville Community Alliance  
P. O. Box 357301  
Gainesville, FL 32635-7301**

**Our membership list is not exchanged, rented, sold or published on the web.**