

**Send this form and your check/money order to:**

Homosassa River Alliance

P.O. Box 124

Homosassa, FL 34487

**Single Membership: \$10 USD**

**Family Membership: \$20 USD**

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Is this a renewal (circle one)?      Yes      No

Do you want a bumper sticker (circle one)?      Yes      No