

Gainesville Community Alliance

Membership Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ - _____

Email: _____

Annual dues are \$25.00 per person.

Make checks payable to Gainesville Community Alliance 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.