



Post Office Box 15788, Sarasota, Florida 34277-1788

web site: [www.conasarasota.org/meetings.html](http://www.conasarasota.org/meetings.html)

video: [www.youtube.com/watch?v=H15FAL97oFo](http://www.youtube.com/watch?v=H15FAL97oFo)

e-mail: [cona.sarasota@gmail.com](mailto:cona.sarasota@gmail.com)

CONA is a coalition of neighborhood, homeowner, and condominium associations, and individuals from all areas of Sarasota County dedicated to working together to protect neighborhood interests and providing a strong voice for all neighborhoods throughout Sarasota County.

**Membership information**

Membership benefits include skilled representation before government bodies, monthly meetings allowing member organizations to network and hear speakers on topics of importance to neighborhoods, and being given the opportunity to present programs about their issues in our venue that is covered by media, video recorded, posted to the internet, and archived on our web site.

**2024 Membership Form**

**2024 association, neighborhood, or individual membership information:**

name of **member**: \_\_\_\_\_  
*( group or individual )*

e-mail address: \_\_\_\_\_  
*( all used only to send you CONA announcements—we do **not** share your information )*

street address: \_\_\_\_\_ city: \_\_\_\_\_

telephone: \_\_\_\_\_ zip: \_\_\_\_\_

number of housing units in your H.O.A. or neighborhood: \_\_\_\_\_

treasurer e-mail: \_\_\_\_\_

**2024 CONA representative** as your contact person *( your association president or appointee )*

name of **representative**: \_\_\_\_\_  
*( if different from member )*

rep e-mail: \_\_\_\_\_

rep street address: \_\_\_\_\_ city: \_\_\_\_\_

rep telephone: \_\_\_\_\_ zip: \_\_\_\_\_

**invoice total**      \$50 Group membership       \$30 Individual membership

Make all checks payable to Sarasota County Council of Neighborhood Associations, payment is due within 30 days.  
For any questions concerning this invoice, contact us at [cona.sarasota@gmail.com](mailto:cona.sarasota@gmail.com)

**Thank you for your support!**

**Invoice #2024**

**Date:** \_\_\_\_\_

**Check invoice purpose:**

**renewal**  *( please complete form below )*

**new member**  *( please complete form below )*

*current CONA members, who only are renewing a membership still need to complete the form below to make sure contact information on file is up to date*

**2024 membership dues**

- group, association, or neighborhood membership: \$50 ( voting )
- individual membership: \$30 ( nonvoting )  
*( includes entire household )*

*if paying **on line** at our web site check here  and send this completed invoice via mail*