



2024 Membership Application

(All Applications subject to Board Approval)

P.O. Box 100996

Cape Coral, FL 33910-0996

www.republicanclubofcapecoral.com

ALL MEMBERS MUST BE REGISTERED REPUBLICANS

Date: _____

Last Name: _____ First Name: _____

(Please print your LEGAL NAME as shown on your driver's License)

Address: _____

City _____ State _____ Zip _____

Telephone (home.): _____ Cell: _____

E-mail: _____

Registered Republican: Yes No

Referred by: _____

(Signature): _____ Date signed: _____

By signing this application, I certify I am a registered Republican and will adhere to the policies of CCRC

Date of Birth _____ or, voter registration# _____

Annual Membership Dues: New _____ Renewing _____

Individual (\$35 P.P.) _____ (Make checks payable to: Cape Coral Republican Club)

Commercial (\$60 P.C.) _____ (Complete info on page 2 for commercial members only)

Student (\$5.00) _____ (Membership is FREE for members of HSR, CR, YR)

Benefactor (\$50) _____ (Thank you for your extra level of support)

Donation _____

Total _____

U.S. Military service? Yes No Active Duty Yes No Branch: _____

Please check at least one way you are willing to being involved in CCRC:

Campaigning _____

Fundraising _____

Policy/Legislation _____

Social Media _____

Programs/Events _____

Candidate for Office _____

Community Outreach _____

Board Member _____

Membership _____