



2026 Membership Application

P.O. Box 100996
Cape Coral, FL 33910-0996
www.republicanclubofcapecoral.com

ALL MEMBERS MUST BE REGISTERED REPUBLICANS

Date: _____
(Please print your **LEGAL NAME** as shown on your driver's license)

Last Name: _____ First Name: _____

Address: _____

City _____ State _____ Zip _____

Telephone (home.): _____ Cell: _____

E-mail: _____

Referred by: _____

Registered Republican: ☐ Yes ☐ No

(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 _____ 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)	_____	(Make checks payable to: Cape Coral Republican Club)
Donation	_____	
Total	_____	

Are you a member of the Lee County Republican Executive Committee? ☐ Yes ☐ No Precinct # _____

U.S. Military service? ☐ Yes ☐ No Branch: _____

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

Campaigning _____	Fundraising _____	Policy/Legislation _____
Social Media _____	Programs/Events _____	Communications _____
Community Outreach _____	Board Member _____	Membership _____