



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 _____

COMMERCIAL APPLICANT SECTION ONLY

Company Name _____

Position Held _____

Number of employees _____ Type of Business _____
(Example: Construction, Insurance, Retail, Legal, etc.)

Company Address _____

State _____ Zip _____

E-Mail Address _____
