



2023 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: _____

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 willing to being involved in CCRC:

Campaigning _____ Fundraising _____ Policy/Legislation _____
Social Media _____ Programs/Events _____ Communications _____
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 _____
