



# CAXAMBAS REPUBLICAN CLUB OF SOUTHWEST FLORIDA



## 2018-2019 MEMBERSHIP APPLICATION

New Member(s): <input type="checkbox"/> YES <input type="checkbox"/> NO	Full Time or Part Time Resident(s): <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
Name 1: _____	
Phone: _____	Email: _____
Name 2: _____	
Phone: _____	Email: _____
Mailing Address: _____	City: _____
State: _____	Zip: _____

**YES, I declare that I am a registered Republican (initial) \_\_\_\_\_**

Select Membership Category: One Person      Couple

General \$50                      \$75

Name Badge \*\*FREE\*\*

**TOTAL:** \$ \_\_\_\_\_

Please make checks payable to: **Caxambas Republican Club**

Mail check AND application to:

**Caxambas Republican Club  
Len Schuman, VP Membership  
PO Box 1173, Marco Island, FL 34146**

Questions: please contact Len Schuman - mobile: 917-640-7564 or email: LenJS@att.net

**YES, I am interested in becoming personally involved in the club. Opportunities include, but, not limited to: **Committees:** membership, social, events, communications, guest speakers, finance, decorations, refreshments, registration, and Board Membership.**