



**MEMBERSHIP APPLICATION
CAPE CORAL SOCIAL CLUB
\$20/PERSON ANNUALLY
(January-December)**

TODAY'S DATE: _____

PRINT YOUR FIRST AND LAST NAME: _____

PRINT YOUR SPOUSE'S NAME: _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME OR CELL PHONE # _____

E-MAIL ADDRESS: _____

STATE RELOCATED FROM: _____ DO YOU LIVE HERE ALL YEAR? ☐ YES ☐ NO

IF "NO": ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOW DID YOU FIND OUT ABOUT THE SOCIAL CLUB? _____

ARE YOU WORKING OR RETIRED? _____

WHAT PROFESSION/OCCUPATIONS DID YOU DO PRIOR TO RETIREMENT?

WHAT ARE YOUR SPECIFIC INTERESTS OR HOBBIES? _____

In the future, would you be interested in helping on any of the following committees?

- | | |
|---|---|
| <input type="checkbox"/> Dance Decorating | <input type="checkbox"/> Refreshments |
| <input type="checkbox"/> Activities | <input type="checkbox"/> Photographer |
| <input type="checkbox"/> Raffle | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Dance Reservations | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Charity |
| <input type="checkbox"/> Sunshine | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Travel | |

For information on how to submit the application form, please call (734) 368-6499 or send an email to membershipccsc@gmail.com. You can also mail the form and check to: Cape Coral Social Club, Attn: Nancy Montange, 4009 Palm Tree Blvd., Apt 401, Cape Coral, FL 33904.

DO NOT WRITE BELOW THIS LINE

Date paid _____ Amount \$ _____ Check # _____ Website ☐ Cash ☐

Membership card issued ☐ Welcome letter sent _____ Received by _____