



Captiva Civic Association

2010 General Membership Application Form

Please print, fill out and mail with dues payment to:
Captiva Civic Association, P.O. Box 778, Captiva, FL 33924

A) Last Name: _____ First Name: _____ MI. _____

B) Last Name: _____ First Name: _____ MI. _____

(Spouse name when applying as a couple)

Captiva Residence Location: _____
House/Condo # Street or Condo Name

All CCA mailings will be sent to your primary mailing address unless an other / summer address is indicated in the next box.

Primary Mailing Address: _____

City: _____ State: _____ Zip: _____

Land Line Phone: (Residential) (____) _____ - _____

A) Email: _____ @ _____ Cell: (____) _____ - _____

B) Email: _____ @ _____ Cell: (____) _____ - _____
(Spouse) (Spouse)

Other / Summer Mailing Address: _____
(Number & Street)

City: _____ State: _____ Zip: _____

Land Line Phone : (____) _____ - _____

Please indicate estimated dates this mailing address is applicable: _____ to _____

Please NOTE: Info provided above will appear in the CCA's "Members Only" Directory. Please circle any info you wish not to appear.

1. Are you a Registered Voter on Captiva? _____ YES; _____ NO

2. Are you a Real Property Owner on Captiva? _____ YES; _____ NO

Annual Membership Dues for 2010 are: \$45 per single person or \$80 per couple

Thank you for applying for membership in the Captiva Civic Association. Upon verification of the above information, a membership confirmation letter and a current CCA Membership Directory will be mailed to each member. If you have any questions, please contact the CCA Office on 239-472-2111.

CCA Office Use only: Date Received: _____ Dues Paid: \$ _____ CK CA

Approved for: Voting Membership: / Guest Membership: By: _____

P.O. Box 778 11550 Chapin Lane Captiva, FL 33924 (239) 472-2111
 CaptivaCivic@embarqmail.com CaptivaCivicAssociation.com