



2019 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: _____
(Use Line B when applying as a couple membership)

A) Email Address: _____ @ _____ A) Cell Phone: (____) ____ - _____
B) Email Address: _____ @ _____ B) Cell Phone: (____) ____ - _____
(Use Line B when applying as a couple membership)

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

Captiva / Local Mailings: (✓ One Box) □ Use Year Round; □ Use From ____ / ____ to ____ / ____
P.O Box or House # with Street Name _____ City _____ State _____ Zip _____ (Country) _____
Captiva / Local Land Line Phone: (____) ____ - _____

Summer / Non Local Mailings: (✓ One Box) □ Use Year Round; □ Use From ____ / ____ to ____ / ____
P.O Box or House # with Street Name _____ City _____ State _____ Zip _____ (Country) _____
Summer / Non-Local Land Line Phone: (____) ____ - _____

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

Voting Membership Qualification: 1. Are you a Registered Voter on Captiva? □ YES or □ NO
2. Are you a real property owner on Captiva? □ YES or □ NO
(see reverse side for voting and visiting member qualification details)

Annual Membership Dues for 2019 are: \$65 per single person or \$120 per couple.

Thank you for applying for membership in the Captiva Civic Association. Upon verification of the above information, a membership confirmation letter along with a CCA Membership Directory will be delivered to you.

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

Approved for: Voting Membership: □ / Visiting Membership: □ By: _____