



CAPTIVA CIVIC ASSOCIATION • FOUNDED 1936  
11550 CHAPIN LANE | PO BOX 778, CAPTIVA, FL 33924  
(239) 472-2111 | CCACAPTIVA.ORG

# CCA MEMBERSHIP APPLICATION

2026-2027 MEMBERSHIP SEASON

RETURN BY  
**OCTOBER 15, 2026**  
for the 2027 Membership Directory

Welcome to Captiva. Please print this form, fill it out, and mail it with your dues payment to **Captiva Civic Association, PO Box 778, Captiva, FL 33924** – or join online at [CCAcaptiva.org](http://CCAcaptiva.org).

The Membership Directory is distributed to CCA members only. Please **circle** any information below that you would prefer we not publish.

## QUESTIONS

**Deb Giacalone, Executive Director**

(239) 472-2111 • [DebGiacalone@ccacaptiva.org](mailto:DebGiacalone@ccacaptiva.org)  
PO Box 778, Captiva, Florida 33924

## MEMBER INFORMATION

☐ Include a second member – household, spouse/partner, or business staff. Complete both columns below.

### MEMBER 1

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

TITLE – MR. / MRS. / MS. / DR. \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

LISTED IN DIRECTORY AS – LAST, FIRST & FIRST \_\_\_\_\_

### MEMBER 2 – OPTIONAL

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

TITLE – MR. / MRS. / MS. / DR. \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

## ADDRESS

LOCAL MAILING ADDRESS \_\_\_\_\_

USE THESE DATES \_\_\_\_\_

NON-LOCAL MAILING ADDRESS \_\_\_\_\_

USE THESE DATES \_\_\_\_\_

☐ List each spouse or partner separately in the 2027 Directory (if last names differ) ☐ Mail more than one directory per household

## MEMBERSHIP ELIGIBILITY

Under the CCA Bylaws, **voting members** own Captiva real property or are registered voters on Captiva. All others are invited to join CCA as Visiting / Non-voting Members.

Registered voter on Captiva? Yes ☐ No ☐

Real property owner on Captiva? Yes ☐ No ☐

Joining as a Visiting / Non-voting Member? Yes ☐ No ☐

## DUES & PAYMENT

☐ **INDIVIDUAL** **\$75** | ☐ **HOUSEHOLD** **\$150** | ☐ **COMMERCE / BUSINESS (2 staff)** **\$150**

☐ Check enclosed, payable to Captiva Civic Association No. \_\_\_\_\_ ☐ Credit card – complete below (3.5% processing fee applies)

☐ Bank transfer / ACH – the office will send instructions ☐ Renew my membership automatically each year

CARD NUMBER \_\_\_\_\_

EXP. \_\_\_\_\_

CVV \_\_\_\_\_

NAME ON CARD \_\_\_\_\_

BILLING ZIP \_\_\_\_\_

SIGNATURE \_\_\_\_\_

ADDITIONAL GIFT TO THE CCA FOUNDATION \$ \_\_\_\_\_

**TOTAL ENCLOSED \$** \_\_\_\_\_

Thank you for joining the Captiva Civic Association. Once your information is verified, a welcome letter and the current CCA Membership Directory will be mailed to you.

**CCA OFFICE USE ONLY**

Date received \_\_\_\_\_

Dues paid \$ \_\_\_\_\_

☐ Cash

☐ Check

☐ Card