



Capital TIGER BAY Club

Tallahassee's Premier Political Forum ESTABLISHED 1971

Application For Membership

Name _____

Name Called _____ Age _____

Address _____

City _____ State _____ Zip _____

Company _____ Job Title _____

Occupation/Profession _____ Name of Spouse _____

Business Telephone _____ Home Telephone _____

Fax Numer _____ E-Mail Address _____

Affiliations (*Political, Civic, Social, etc.*) _____

Have you ever held, run for or been interested in political office? Yes No

What is your Political Party affiliation? _____ Why? _____

I understand the Board of Directors approves all applications, and notification of approval with a bill for the initiation fee and the first quarters' dues will be mailed to me. I further understand that I am not officially a member until the fee and dues are paid.

Name of Member Proposing Applicant

Signature of Applicant

Date of Application

Mail or Fax to: _____

Capital Tiger Bay Club

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www.CapitalTigerBayclub.org