



CAPITAL
TIGER
BAY CLUB
EST. 1971

*Application
For Membership*

Name _____

Name Called _____ Age _____

Address _____

City _____ State _____ Zip _____

Company _____ Job Title _____

Occupation/Profession _____ Name of Spouse _____

Business Telephone _____ Home Telephone _____

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 e-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 Email to

Capital Tiger Bay Club

Post Office Box 1173 • Tallahassee, Florida 32302-1173

christina@on3pr.com

www.CapitalTigerBayClub.org