



**LOCAL AFFILIATE APPLICATION
Cape Coral Chapter**

2008 Local Affiliate Membership Dues: \$100.00 Date: _____

Name: _____

Company: _____

Mailing address: _____

City/State/Zip: _____

Website: _____

E-mail address: _____

Company Phone: (____) _____ Fax: (____) _____

Home Phone: (____) _____ Cell Phone: (____) _____

Birth date (Mo/Day): _____ Sponsored By: _____

**MAKE CHECK PAYABLE TO: WCR
(Credit cards not accepted)**

RETURN CHECK AND THIS APPLICATION TO:
WCR Cape Coral Chapter
Attn: Lisa Vitti
VP of Membership
210 NW 19th Place
Cape Coral, FL 33993

I would like to volunteer for _____

Please call to let me know what you need help with: YES NO

Please call me about sponsorship opportunities: YES NO

**Questions or want to refer a colleague to join?
Lisa Vitti - Cell:239.898.4700 or e-mail at lisa@lisavitti.com**