



**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: VP Membership, Kathryn Blackman  
P.O. Box 100265  
Cape Coral, FL 33910

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? Refer a colleague to join?**

Contact Kathryn Blackman, VP Membership, at 239.297-8936 or yogiguru2003@yahoo.com