



LOCAL AFFILIATE MEMBERSHIP APPLICATION

Name: _____

Company Name: _____

Address: _____

Work Phone Number: _____

Fax Number: _____

Cell Number: _____

Home Number: _____

Email Address: _____

Would you be interested in serving on a committee? Yes _____ No _____

Sponsored By: _____

Please make check payable to Venice WCR.

Membership dues are \$45.00 for 2006 and \$65.00 for 2007

Please return your application with your check to:

Penny Kallas
Membership Marketing
101 Capri Isles Blvd.
Venice, FL 34292
(941) 484-2520