

COLONIAL AREA REPUBLICAN MEN'S ASSOCIATION (CARMA)

MEMBERSHIP APPLICATION

Last Name: _____ 1st Name & MI: _____

Nickname: _____ Spouse: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

E-Mail: _____

Occupation: _____ Employer: _____

City & State of Employment: _____

Retired: _____ Retired From: _____

Interests: _____

Political Experience: _____

Printed Name Of CARMA Sponsor: _____

PLEASE send completed application & check for \$35.00 payable to "CARMA."

TO: CARMA PO BOX 814 Williamsburg, VA 23187-0814

Visit The CARMA Website – <http://www.carmagop.com>