

# MMC MEMBERSHIP APPLICATION

Membership is extended to residents of Marco Island, Goodland, and Isles of Capri  
Please print the form and fill it out manually. Print and send it with your check and required information to:

**MARCO MEN'S CLUB**  
P. O. BOX 5035  
MARCO ISLAND, FL 34146 (Please, not 34145)

I hereby apply for membership in the Marco Men's Club. (Please type or Print legibly.)

|                          |  |                            |  |
|--------------------------|--|----------------------------|--|
| YOUR FULL NAME           |  | NICKNAME FOR YOUR NAME TAG |  |
| LOCAL FL MAILING ADDRESS |  |                            |  |
| APT # , e.t.c.           |  |                            |  |
| CITY, STATE AND ZIP CODE |  |                            |  |

## YOUR PHONE NUMBERS & EMAIL ADDRESS

|               |  |
|---------------|--|
| CELL          |  |
| LANDLINE      |  |
| EMAIL ADDRESS |  |

Print clearly

## YOUR SPOUSE or Significant Other

|                  |  |                   |
|------------------|--|-------------------|
| SPOUSE FULL NAME |  | <= First and Last |
| NICKNAME         |  |                   |
| EMAIL ADDRESS    |  |                   |

Print clearly

## PLEASE TELL US ABOUT YOURSELF

|                       |  |
|-----------------------|--|
| FORMER OCCUPATION ?   |  |
| HOBBIES & INTERESTS ? |  |
| WHERE ARE YOU FROM ?  |  |

WHY ARE YOU JOINING THE CLUB ? (Optional)

## MEMBERSHIP REQUIREMENTS

Please provide a non-returnable  
*photo copy of ONE of the following Florida documents*  
showing that the applicant is a resident of  
**Marco Island, Isles of Capri or Goodland:**

- 1.) Property tax receipt, **or**
- 2.) Drivers license with a Marco Island, Isles of Capri or Goodland address, **or**
- 3.) Voter registration card.

Your signature below certifies that you state you are a resident of one of these three towns/cities.

**Please Send a check for \$60 made out to the Marco Men's Club with your application, along with one of the items above. Mail it to the address at the top of this form.**

The membership year is from January 1 to December 31 each year.

The annual Dues Collection period is during November-December for the following year.

If you join the club on or after September 1 your dues are paid through December of the following year. (as many as 16 months).

If you have any questions, please contact the current Club's Membership Chairman by email at:

[mmc.memb.chmn@gmail.com](mailto:mmc.memb.chmn@gmail.com)

|                |                           |
|----------------|---------------------------|
| YOUR SIGNATURE |                           |
|                | <b>SIGNATURE REQUIRED</b> |

|      |  |
|------|--|
| DATE |  |
|------|--|