



APPLICATION FOR MEMBERSHIP

PLEASE PRINT _____ DATE: _____

NAME: _____

ADDRESS: _____

Own Rent Number of years in Lehigh Acres:

HOME _____
PHONE: _____ CELL: EMAIL: _____

PRESENT EMPLOYER: _____ Phone: _____

Emergency Contact: _____ Phone _____

LIST OF OTHER CLUBS OR ORGANIZATIONS YOU BELONG TO:

HAVE YOU EVER BEEN CONVICTED OF ANY FELONY OR MISDEMEANOR: YES NO
Please explain any misdemeanor: _____

By signing this document, I am affirming that all information contained herein is true and accurate to the best of my knowledge. Falsifying information used to determinate eligibility for the Community Council will cause any current, or anticipated positions to be vacated immediately.

Signature: _____ Date: _____

PLEASE ATTACH A COPY OF YOUR DRIVER'S LICENSE AND VOTER REGISTRATION CARD



**LEHIGH ACRES
COMMUNITY COUNCIL**

20 Registered Voters

Name

Address

Signature

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____

11

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