

**COLONIAL AREA REPUBLICAN MEN'S ASSOCIATION  
(CARMA)**

**MEMBERSHIP APPLICATION**

Last Name: \_\_\_\_\_ 1<sup>st</sup> 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:* \_\_\_\_\_

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

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