

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

**MEMBERSHIP APPLICATION**

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

**Nickname:** \_\_\_\_\_ **Spouse:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**City & State of Employment:** \_\_\_\_\_

**Retired?:** \_\_\_\_\_ **Retired From:** \_\_\_\_\_

**Interests:** \_\_\_\_\_

**Political Experience:** \_\_\_\_\_

**Please mail completed application & check for \$25.00 payable to "CARMA"**

**Mail to: CARMA  
P.O. Box 814  
Williamsburg, VA 23187- 0814**