

Membership Application

Name:

Street:

City:

State:

Zip:

Telephone: ()

E-Mail:

- Please include me on the CWC email list.

Make checks payable to:

“Coastal Wildlife Club, Inc.”

Mail check and completed form to:

CWC • P.O. Box 2022 • Englewood, FL 34295

Select Membership Level

- \$10.00 Individual Membership
- \$20.00 Family Membership
- \$50.00 Supporting Membership
- \$ _____ Other
- I am interested in volunteering for turtle patrol.
I understand that training is held in the Spring
and that CWC membership does not enroll me
automatically in turtle patrol.