

COTI Membership Form

Print, complete and mail this form today to start your COTI membership

Yes . . . enroll me as a COTI member.

Enclosed is my check for \$_____, payable to COTI.

Family membership \$50 Individual \$35 Life Member \$750

Name _____

Address _____

City _____ State _____ ZIP _____

Telephone _____

E-mail _____

Mail to:

COTI
P.O. Box 88
Sanibel, FL 33957

Note: Membership dues and donations are not tax deductible since COTI is a Political Action Committee.