



MEMBERSHIP FORM

Please select one:

Individual membership (\$10.00) or

Family membership (\$20.00)

Your name _____

Company name (if business membership)

Spouse/partner _____

Home address _____

Company address (if business membership)

Postal code _____

Home phone _____

Fax _____

Work phone _____

Date of application

Email _____

____ / ____ / ____
 day month year

*WCA members are automatically entered to our contact list.
 We'll keep you abreast of important meetings and/or topical issues.
 If you prefer not to receive emails from the WCA please advise.*

If you are interested in volunteering for the WCA, in which area would you like to help?

- | | | |
|--|--|---|
| <input type="checkbox"/> Planning/Zoning | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Heritage |
| <input type="checkbox"/> Special Event | <input type="checkbox"/> Communications | <input type="checkbox"/> Business Liaison |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Traffic/Parking | |
| <input type="checkbox"/> General Volunteer | <input type="checkbox"/> Other (Specify) _____ | |

Please complete this form and mail it along with your membership payment to:
 Westboro Community Association, 540 Tweedsmuir Ave, Ottawa ON K1Z 5N9
 Thank you! We appreciate you support.