



Wellington Village Community Association Annual Membership Form

Name: _____

Home Address: _____

Postal Code: _____ Home Phone: _____

Email: _____

Date of Application/Renewal: Day _____ Mo _____ Year 20 _____

Note: Your personal information will not be shared with any other organization and will only be used for the purposes of communications from the WVCA.

All memberships expire on 30 April of each calendar year. Memberships are \$10.00 regardless of date of purchase.

Membership paid by: Cash _____ or Cheque _____

Cheques payable to: Wellington Village Community Association

~ Get Involved! ~

If you are interested in volunteering for the Association, what would you like to help with? Check all that apply.

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Planning issues | <input type="checkbox"/> Traffic/Parking | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Business liaison | <input type="checkbox"/> Gardening/parks | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Communications | <input type="checkbox"/> WVCA rep. on City committees | |
| <input type="checkbox"/> Environmental issues | <input type="checkbox"/> Other (specify) _____ | |

Wellington Village Community Association
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