



Est. 1992

## WEST WELLINGTON COMMUNITY ASSOCIATION ANNUAL MEMBERSHIP FORM

-- Please print clearly --

Name: \_\_\_\_\_

Company Name (if business membership): \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Company Address (if business membership): \_\_\_\_\_

Postal Code: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Date of Application / Renewal:

Email: \_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / 2007  
day month year

All memberships expire on 30 April of each calendar year. Memberships are **\$5.00** regardless of the date of purchase.

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

### 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"/> Business Liaison      | <input type="checkbox"/> Gardening/Parks   | <input type="checkbox"/> Traffic/Parking | <input type="checkbox"/> WWCA rep on City committees |
| <input type="checkbox"/> Zoning                | <input type="checkbox"/> Special Events    | <input type="checkbox"/> Membership      |  |
| <input type="checkbox"/> Communications        | <input type="checkbox"/> General Volunteer | <input type="checkbox"/> Fundraising     |  |
| <input type="checkbox"/> Other (specify) _____ |  |  |  |

When are you most often available?

(check all that apply)  Weekday Mornings  Weekday Afternoons  Evenings  Weekends

*Cheques are payable to the West Wellington Community Association*

*Please complete form and mail to:*

**West Wellington Community Association, Attn: Membership  
1620 Scott Street, P.O. Box 64132  
Holland Cross R.P.O. Ottawa, Ontario K1Y 4V1**