



Membership Application

Name: _____

Additional Family Members: _____

Address: _____

Phone Number: _____

E-Mail: _____

Preferred Method of Contact: Mail Phone E-Mail

Level of Participation

Committee Member: Zoning, Parks, Membership, Board...etc. Yes No

Events

Holiday Toy Drive	Attend <input type="checkbox"/>	Volunteer <input type="checkbox"/>
Children's Holiday Party	Attend <input type="checkbox"/>	Volunteer <input type="checkbox"/>
Adult's Holiday Party	Attend <input type="checkbox"/>	Volunteer <input type="checkbox"/>
Easter Egg Hunt	Attend <input type="checkbox"/>	Volunteer <input type="checkbox"/>
Spring Neighborhood Clean Up	Attend <input type="checkbox"/>	Volunteer <input type="checkbox"/>
Summerfest	Attend <input type="checkbox"/>	Volunteer <input type="checkbox"/>
Children's Halloween Party	Attend <input type="checkbox"/>	Volunteer <input type="checkbox"/>
Adult's Halloween Party	Attend <input type="checkbox"/>	Volunteer <input type="checkbox"/>

Neighborhood Issues you would like to note for the WBNA Board's attention:

WBNA Meetings are held every other month. You will be notified of the date, time, location and purpose by email and/or flyer.

Thank you for your financial support. And – WELCOME!