



WESTWOOD CIVIC ASSOCIATION  
MEMBERSHIP APPLICATION

NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NUMBER OF ADULTS IN YOUR HOUSEHOLD (VOTING MEMBERS): \_\_\_\_\_

CONTACT ME FOR: VOLUNTEER OPPORTUNITIES \_\_\_\_\_ FUNDRAISERS \_\_\_\_\_

Annual dues are \$10 per household. Make checks payable to “**Westwood Civic Association**”  
Mail your check and this completed application to **P.O. Box 11466, Cincinnati, Ohio 45211.**

Or you could save a stamp and bring this with you to our next meeting – we’d be glad to see you!