



WESTWOOD CIVIC ASSOCIATION

MEMBERSHIP APPLICATION

NAME(S): _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

I WANT THE NEWSLETTER BY EMAIL (circle one): YES NO

NUMBER OF ADULTS IN YOUR HOUSEHOLD: _____ (voting members)

CONTACT ME FOR:

____ VOLUNTEER OPPORTUNITIES

____ FUNDRAISERS

MY INTERESTS ARE: _____

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 would be glad to see you! 3rd Tuesdays, 7pm, Westwood Town Hall



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