

## 2024 WHNA Membership Form



WEBSITE

Name(s):				
Address:				
	<pre><person< pre=""></person<></pre>	1	Person 2> _	
	Home/Ce	II Phone	Home/Cell	
Please indicate if number is home or cell number.				
eMail				
eMail address will be added to the email blast system for community meetings and events.				
Dues:	<u>\$50</u>	Ac	dditional Don	ation:
	(tax deductible)			(tax deductible)
I would like my information to be included in the 2024 membership directory (circle one):  YES NO				
☐ Volunted ☐ Distribut ☐ Judging	icate your interest in helping in one or more er Crime Patroller □ Making phone calls ting newsletters or directories □ Pet Regi Yard of the Month/Christmas Lights □ Wo on the Board or committee □ Other	☐ Attending Dastry ☐ Helping	allas civic and gog at neighborho	od social events
9	Send check (made payable to WHNA For PayPal/Ven			
2024 Membership Period—January 1, 2024, through December 31, 2024				