



WESTBORO COMMUNITY ASSOCIATION

## MEMBERSHIP FORM

Your name \_\_\_\_\_

Company name (if business membership)

Spouse/partner \_\_\_\_\_

Home address \_\_\_\_\_

Company address (if business membership)

Postal code \_\_\_\_\_

Home phone \_\_\_\_\_

Fax \_\_\_\_\_

Work phone \_\_\_\_\_

Date of application:

Email \_\_\_\_\_

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

If you are interested in volunteering for the WCA, in which area would you like to help?

☐ Planning/Zoning

☐ Fundraising

☐ Heritage

☐ Special Events

☐ Communications

☐ Business Liaison

☐ Membership

☐ Traffic/Parking

☐ General Volunteer

☐ Other (specify) \_\_\_\_\_

*Please complete this form and mail it to us: Westboro Community Association, 540 Tweedsmuir Ave. Ottawa ON K1Z 5N9*

*Thank you!*

WESTBORO COMMUNITY ASSOCIATION  
<http://www.westborovillage.ca>