

MEMBERSHIP APPLICATION

In the event that you are not contacted about paying your membership dues, please fill out and mail the following form, along with a \$25 check made payable to **WVICA**. The mailing address is: **WVICA, P.O. Box 3197, Catonsville Maryland 21228.**



NAME: _____

Please print the name of each adult as you want it listed in the Directory

STREET ADDRESS: _____

PHONE _____

Please, DO NOT put my phone number in the WVICA directory

Please, DO NOT call me about upcoming events

Even if you do not want your telephone number made public, please let the Association have it so that we can contact you about emergencies and Association business

EMAIL _____

Your email address WILL NOT be made public, but please let the Association have it so that we can contact you about emergencies and Association business

WOULD YOU BE WILLING TO VOLUNTEER SOME TIME HELPING WITH
AT LEAST ONE OF THE ASSOCIATION'S PROJECTS?

YES NO