



I would like to join the West Falmouth Village Association!

NAME: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT FROM ABOVE):

\_\_\_\_\_

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

PHONE: \_\_\_\_\_

ANNUAL MEMBERSHIP FEE OF \$25 ENCLOSED: \_\_\_\_\_

LIFETIME MEMBERSHIP FEE OF \$350 ENCLOSED: \_\_\_\_\_

*Please make check payable to West Falmouth Village Association, P.O. Box 256, W. Falmouth, MA 02574*

YES, I would welcome the opportunity to volunteer with WFVA. Please circle your preferred method of contact and we will be in touch to discuss ways we can work together!

EMAIL                      PHONE

Thank you for your support!