

West Hill Community Services

MEMBERSHIP FORM



Yes, I would like to become a Member of the West Hill Community Services. Enclosed please find my payment in the amount of \$5.00 for a one-year membership.

- New Member
- Renewal

Name:	
First	Last
Address	
Street	Apt./Unit No.
City	Province
Postal Code	
Telephone No.	
Home	Work
<i>The following questions are for information purposes only. If you would take the time to answer these questions, we would appreciate it.</i>	
How did you hear about West Hill Community Services?	
Are you involved in any West Hill Community Services programs?	
What are your reasons for becoming a Member?	
Comments:	

*Thank-you for your interest in and support of West Hill Community Services.
The involvement of individuals within the community is crucial to our work.*

Remember ... we couldn't do it without you!