



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 \$250 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!