



MEMBERSHIP FORM

WASHAGO COMMUNITY CENTRE CORPORATION
 4361 HAMILTON ST.
 P.O. BOX 419,
 WASHAGO, ON L0K 2B0
 705-689-6424
 EMAIL: WCCC@ROGERS.COM

Web Site: www.washagocommunitycentre.com

NAME: _____ **DATE:** _____

MAILING ADDRESS:

Street Address _____ P.O. Box _____ R.R. # _____

Town / City _____ Postal Code _____

Phone #: _____ **Email Address:** _____

Township: (please circle) **Severn** **Ramara** **Other:** _____

Membership Fee: \$12.00 / Adult **Amount Paid:** \$ _____

Cheques can be made payable to **The WCCC** and returned by mail to 4361 Hamilton Street., P.O. Box 419
 Washago, Ontario L0K 2B0

Memberships run for the calendar year

Please Consider Volunteering to Help Your Community Centre

I am interested in volunteering for The Washago Community Centre – Please call me!

Board of Directors		Program Planning Committee	
Canada Day Committee		Skating Carnival	
Washagofest		Victorian Christmas	
Rink Committee		Youth Committee	
Fundraising: Meals: _____		Dances: _____	
Special Events: _____			