

# Wilshire Montana Neighborhood Coalition

## Membership Application

To pay by mail, print out the form below and mail it with your check to:

Wilmont, P.O. Box 607, Santa Monica, CA 90401

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, Unit #, City, State, Zip Code)

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

Membership Level (Circle One):

Senior/Disabled (\$5)    Individual (\$10)    Family (\$15)    Business (\$30)    Friend- *Nonmember* (Free)

Would you like your name to be shown in the online Wilmont Directory (Members Only) Section?

Circle One:    Yes    No

**Welcome to Wilmont!**

If you have questions, please contact us at:

[wilmontinfo@gmail.com](mailto:wilmontinfo@gmail.com)