



Woodlawn Heights
Taxpayers & Community Association, Inc.
Post Office Box 83
Bronx, NY 10470

Membership Application / Renewal

I, the undersigned, would like to

Become a Member / **Renew my Membership**

for the year: _____.

(Membership dues are **\$15.00** annually.)

Name _____

Mailing
Address _____

City _____ State _____ Zip
Code _____

Home Phone _____ Cell
Phone _____

Email _____

Signature _____ Date _____

Please submit your completed application with **\$15.00** (annual dues) at one of our monthly meetings, or by U.S. mail to the address above.

Meetings are held at **7:30 PM** on the **2nd Monday** of each month.
(We do not meet in July and August.)

Please visit **www.woodlawntaxpayers.com**, follow us on Facebook, and check your mail each month for our official *members only* newsletter.