



MEMBERSHIP REGISTRATION FORM

DATE: _____

Primary Contact Name _____

Spouse/Partner Name _____

Address _____

Home Landline Phone (if any) _____

Cell phone numbers to provide contact information for deputies to use in case of emergency:

Primary Contact Cell Phone _____

Spouse/Partner Cell Phone _____

Email addresses to receive WDDNA newsletter and deputy patrol reports and to provide contact information for deputies to use in case of emergency:

Primary Contact email _____

Spouse/Partner email _____

If you prefer to join and pay online, you need not use this form. Instead, go to www.WilhagginNA.com, click JOIN, fill out the form and use our online payment option.

If you prefer to sign up by U.S. Mail, you may fill out the form and mail it to:

**Wilhaggin Del Dayo Neighborhood Assn.
P.O. Box 2273
Carmichael, CA 95609**

WDDNA's annual dues are \$350, invoiced annually in November. Your initial member dues will be prorated based on the month in which you join. We will email you an invoice for the prorated amount owed. Your membership will be activated as soon as your payment is processed.

Check this box if you prefer to receive your invoice and pay by U.S. Mail.