

Wedgfield Homeowners Association Membership Application

Last Name _____ First Name _____

Spouse/Other Household Member _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

\$50.00 Membership per year. Make checks payable to WHOA, Inc.
Mail to P.O. Box 905, Christmas, FL 32709

Membership in the WHOA helps to support the children's activities, enforcement of the codes and covenants, and the monthly newsletter. Become an active member and attend the monthly meetings and get to know your neighbors. Thank You for your support.