

*Wedgefield Homeowners Association
Membership Application*

For the Calendar year 2024

Name

Property Street Address

City, State, Zip Code

Phone Number

Email Address

Please enclose membership application form and a check or
money order for \$50.00 made payable to WHOA and mail to:

Wedgefield Homeowners Association
P. O. Box 905
Christmas FL 32709

Membership: \$-----

Median: \$-----

Total: \$-----

Thank you for supporting your Neighborhood
Wedgefield Homeowners Association