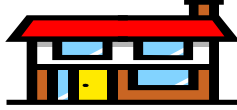


Please print this application, fill it out, and mail it with payment to the address shown below.

Membership Application for the



Wantagh/Seaford Homeowners Association (WSHA)

Article III – Membership (Constitution & By-Laws of WSHA-rev. 1981)

Residents who reside in Wantagh or Seaford are eligible for membership. Associate members, who live in other towns, are permitted to join but have no voting privileges. Please select the membership type that you are applying for below. Please also indicate how you are paying.

- Family Membership, \$15.00
- Individual Membership, \$10.00
- Non-resident Membership, \$10.00
- Business Neighbor Membership, \$25.00

- Check # _____ (Payable to WSHA)
- Cash

Name: _____

Address: _____

Town: _____ State: _____ Zip: _____

Phone: _____

Email: _____ Today's Date: _____

Your Areas of Concern:

Please send this completed form, with payment, to the address below:

WSHA
c/o Ella Stevens
2415 Bayview Avenue
Wantagh, NY 11793

(516) 409-1645
www.WSHA.LI