

**WILLIAMSVILL COMMUNITY FOUNDATION MEMBERSHIP  
APPLICATION**

**YEAR** \_\_\_\_\_ **DUES AMOUNT** \_\_\_\_\_

**NAME** \_\_\_\_\_

**CHILDREN (NAMES AND AGES)** \_\_\_\_\_

\_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

**BEST TIME TO REACH YOU** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**IDEA FOR AND EVENT OR EVENT YOU WOULD BE WILLING TO HELP  
WITH**

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