

Carlingwood Community Association Annual Membership Form

Yes! My family wants to support our local community by registering as a paying member.

Annual Fee - \$5.00 per household.

NAME: _____

ADDRESS: _____

EMAIL (optional): _____

Contact information will be used solely to notify members of meetings, events and issues.

Form and payment may be dropped off at 2035 NEEPAWA AVENUE or bring it to the Winter Fun Day.