

Wilshire Montana Neighborhood Coalition

Membership Application

To pay by mail, print out the form below and mail it with your check to:

Wilmont, P.O. Box 607, Santa Monica, CA 90406

Name:
Address (Street, Unit #, City, State, Zip code)
Phone:
Email:
Date:
(Circle One Membership Level) Senior/Disabled (\$5) Individual (\$10) Family (\$15) Business (\$30) Friend (Nonmember) (Free)
(Circle One) New Member Renewal Not Sure
Would you like your name to be shown in the online Wilmont Directory (Members Only Section)? (Circle One) Yes No
<h3>Welcome to Wilmont!</h3> <p>If you have questions please contact us at: wilmontinfo@gmail.com or leave a message at 310.359.8238</p>