

**Westwood South of Santa Monica Blvd.
Homeowners Association**

P.O. Box 64213
Los Angeles, CA 90064
wssmhoa@gmail.com

Membership Application

- *Please complete the following application.*
- *Enclose a check for \$25.00 payable to the Association for annual membership dues*
- *Return them to the address above*

Please print:

Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

E-Mail _____

Comments, concerns or suggestions:

Thank you for supporting your homeowners' organization.

_____ I would like to participate. Please contact me.

_____ I would like to make an additional donation to support the work of the Association in the amount of \$_____.

_____ I would like to receive email from WSSM alerting me to community news.
_____ I already receive WSSM email blasts.

Visit us at: www.westwoodsouth.org