



West Jefferson Community Association

P.O. Box 102

West Jefferson, Ohio 43162

614-879-8818

www.westjeffoxroast.com



Membership Enrollment Form

Name(s) _____ Birthday _____
_____ Birthday _____

Address _____

Phone _____

Business Affiliation _____
(Optional)

Email Address _____

- I prefer my meeting notices and minutes be emailed.
 I prefer my meeting notices and minutes be mailed.

Dues (Please check membership preference)

Eating Member _____ \$60.00
(Each person)

Non-eating member _____ \$25.00
(Each person)

Please make checks payable to: West Jefferson Community Association

Thank You!

We hope you take an active role in our organization's activities!

“Striving to Strengthen our Community”