

**Invitation for Membership  
WEST END CITIZENS ASSOCIATION**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone: Home:** \_\_\_\_\_ **Business:** \_\_\_\_\_

**Please make check payable to: West End Citizens Association  
return to: P.O. Box 58098  
Washington, D.C. 20037-8098**

**Dues: \$15.00 annually**

**Date:**