

## WNNA DIRECTORY QUESTIONNAIRE

Lot #: \_\_\_\_\_ Street Address: \_\_\_\_\_

Resident(s) name(s): \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ (Please do not publish \_\_\_\_\_)

E-mail Address (WNNA use only, **NOT Published**):

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\_\_\_\_\_ I'd like to receive the WNNA newsletter and directory by **email**

\_\_\_\_\_ I'd like a **paper copy** of the WNNA newsletter and directory

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