



Invoice

Annual Municipal Membership

**2025 Municipal Member
\$100.00 Per Person**

Name _____

Town _____ Title _____

Address _____

City _____ State _____ Zip _____

Business Phone _____

E-Mail (**Print Clearly**) _____

**PLEASE NOTE THAT ALL INFORMATION THAT YOU PROVIDE IS LISTED
ON OUR WEBSITE FOR OTHERS TO MAKE CONTACT WITH YOU.
PLEASE INFORM US IF YOU DO NOT WANT YOUR INFORMATION LISTED**

**All WCHA correspondence including Future Annual Dues Invoices
And Business Meeting information is sent via email ONLY.
Thank you for printing your email clearly above!**

Please return this INVOICE and make check payable to:
Worcester County Highway Association
P.O. Box 446
Clinton, MA 01510

Thank you for your Membership

**info@worcestercountyhighway.com
www.worcestercountyhighway.com**