

# MEMBERSHIP APPLICATION / RENEWAL FORM

## Meadow Vista Protection, Inc. – 2007

**MVP Mission Statement:** To preserve and protect the health, environment and well-being of our Meadow Vista area community.

**Requirements for membership and voting rights:** Each person over 18 in a household may be a full member of the organization. **Dues are \$ 25.00 per household, due with application.**

**MARK ONE:** NEW MEMBER  RENEWAL  DATE: \_\_\_\_\_

(PLEASE PRINT CLEARLY)

NAME(S) \_\_\_\_\_ E-MAIL \_\_\_\_\_

\_\_\_\_\_ E-MAIL \_\_\_\_\_

\_\_\_\_\_ E-MAIL \_\_\_\_\_

\_\_\_\_\_ E-MAIL \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE ( \_\_\_\_\_ ) \_\_\_\_\_ YEARS IN MV AREA \_\_\_\_\_

**PLEASE CONSIDER HELPING MVP! CHECK ONE OR MORE:** Membership

Other: \_\_\_\_\_ Publicity

Other: \_\_\_\_\_ Fundraising

Other: \_\_\_\_\_ Research

*Please mail this completed application with a check made out to:*

**MVP**  
**P.O. Box 1165**  
**Meadow Vista, CA 95722**

Visit our web site:  
**[www.meadowvistamp.org](http://www.meadowvistamp.org)**

*Please consider making a generous tax deductible donation now to help sustain MVP.*

( \_\_\_\_\_ \$500 \_\_\_\_\_ \$1,000 \_\_\_\_\_ \$5,000 )

DONATION ENCLOSED: \_\_\_\_\_