

MEMBERSHIP APPLICATION / RENEWAL FORM

Meadow Vista Protection, Inc. – 2008

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

Mail this completed application with a check made out to:

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

Please consider making a generous **tax deductible donation** now to help sustain MVP.
(_____ \$500 _____ \$1,000 _____ OTHER)

TOTAL AMOUNT ENCLOSED: _____

Visit our web site: www.meadowvistamvp.org