

# MEMBERSHIP APPLICATION / RENEWAL FORM

## Meadow Vista Protection, Inc. – 2006

**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	<input type="checkbox"/>
Other: _____	Publicity <input type="checkbox"/>
Other: _____	Fundraising <input type="checkbox"/>
Other: _____	Research <input type="checkbox"/>

Please mail this completed application with a check for \$ 25.00 made out to:

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

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

You may also wish to include a donation to help sustain MVP activities.

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