

MOUNTAIN VIEW ASSOCIATION
Membership Year 10/1/18 - 9/30/19

Number of Memberships _____ @\$30.00 each Total: _____
Associate Membership (Ages 14 – 26) _____ @\$15.00 each Total: _____

DONATION TO THE WATER QUALITY & WEED FUND \$ _____
LEGACY FUND DONATION (FILL OUT BLUE FORM) \$ _____
PLEASE CHECK IF YOU HAVE INCLUDED THE MVA IN YOUR ESTATE PLANNING _____

YOUR DONATIONS ARE TAX DEDUCTIBLE
Enclose one check or money order made payable to the Mountain View Association
We are a 501(c)(3) tax exempt, not-for-profit, organization

MEMBERS ONLY MOUNTAIN VIEW ASSOCIATION DIRECTORY

Must Pay Dues **BY MAY 20 (2019)** To Be in Directory

PUT ME IN THE DIRECTORY ____

PRINT NEATLY

MEMBER(S) NAME(S) _____
ASSOCIATE MEMBER NAME(S) _____ include in directory: yes __no__
ADDRESS _____
PHONE _____ CAMP PHONE _____
CAMP LOCATION (check one): INDIAN LAKE ____ MT. VIEW LAKE ____ CHANNEL ____ OTHER ____
EMAIL ADDRESS _____

**CONTACT US: WEBSITE: WWW.MOUNTAINVIEWASSN.COM,
EMAIL: MOUNTAINVIEWASSN@GMAIL.COM
FIND US ON FACEBOOK: MountainViewAssociation**

Membership Form should be mailed to following address:
Mountain View Association
P.O. Box 235
Owls Head, NY 12969